

<b>Case Number:</b>	CM13-0055211		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of October 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; apparent provision of a TENS unit; prior wrist surgery; and extensive periods of time off of work. An earlier progress note of October 11, 2012 is notable for comments that the applicant has not worked since the date of injury. On October 22, 2013, the applicant presented with memory issues and headaches which were attributed to the injury. A neurologic consultation was sought to further evaluate. A December 17, 2013 progress note is notable for comments that the applicant is having nose bleeding, headaches, and persistent pain complaints. It is stated that the medications are diminishing the applicant's pain by about 40% to 50% with no side effects. The applicant exhibits a clean wound about the wrist. Naprosyn, Prilosec, Topamax, and LidoPro ointment are endorsed while the applicant is placed off of work, on total temporary disability. An earlier note of October 18, 2013 is notable for comments that the applicant had persistent upper extremity pain, still having headaches and memory issues. The applicant has apparently increased home exercises and is now losing weight, it is stated. The applicant does again exhibit a clean and dry incision line. FCE testing and LidoPro cream are endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**request for one Prescription of Lidopro Cream # 121gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted on Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated only in the treatment of neuropathic pain in those individuals in whom there has been a trial of first-line antidepressants and/or anticonvulsants. In this case, there has been no clear evidence that there has been a trial of antidepressants and/or anticonvulsants. It is further noted that the applicant's pain does not appear to be neuropathic in nature. Rather, the applicant appears to have musculoskeletal or orthopedic hand and wrist pain associated with fractures of the phalanges and an industrial contusion injury. There is no specific mention of paresthesias, dysesthesias, or other signs of neurologic symptoms. Therefore, the request is not certified.

**request for one prescription of Topiramate 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**Decision rationale:** As noted on Page 21 of the MTUS Chronic Pain Medical Treatment Guidelines, topiramate or Topamax is considered a last line adjuvant medication, to be employed for neuropathic pain when other anticonvulsants have been tried and/or failed. In this case, however, there is no suggestion or documentation that other, first-line anticonvulsants such as Neurontin were tried and/or failed, nor is there any clear evidence that the applicant in fact has neuropathic pain for which anticonvulsant medications should be appropriate. Rather, as noted previously, the applicant's pain appears to be orthopedic and/or musculoskeletal in nature. Finally, the fact that the applicant remains off of work, on temporary disability, despite ongoing usage of Topamax (topiramate) implies the lack of functional improvement as defined in MTUS 9792.20f. While there is some sparse report that the applicant's pain symptoms may be attenuated as a result of medication usage, this is outweighed by the lack of functional improvement and lack of any change in the applicant's work status. Therefore, the request is not certified.

**request for 2 pairs of TENS Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116..

**Decision rationale:** As noted on Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond a one-month trial window should be contingent on clear evidence of favorable outcomes in terms of pain relief and function. In this case, however, there is no clear evidence of favorable outcomes in terms of both pain relief and function. While the attending provider suggested that the applicant's medication profile is resulting in diminution of pain scores, these are seemingly outweighed by the lack of any functional improvement to date as evinced by the applicant's continuing to remain on total temporary disability, over two years removed from the date of injury. Therefore, the request is non-certified, on Independent Medical Review.