

Case Number:	CM13-0058971		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2012
Decision Date:	08/01/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery 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 expert 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 claimant is a 36-year-old female who was injured on October 8, 2012. The clinical progress note dated October 2013 documents that the claimant returns with continued lumbar spine pain rated as 6/10 that is "helped with medications and good benefits with physical therapy." Additional complaints include bilateral upper extremity numbness and tingling. The physical examination documents only the following TTP lumbar [illegible] spasm. The clinician provides the diagnoses of lumbar sprain/strain, lumbar degenerative disc disease, and myofascial pain. The clinician recommends prescriptions for tramadol, topiramate, ketoprofen, and Lidopro cream. A permanent and stationary report is documented as occurring on November 1, 2013. There is no indication in this note that a previous antiepileptic medication was attempted. The claimant does have complaints of low back pain radiating down the lower extremities "on occasion." The physical examination documents a negative straight leg raise bilaterally and normal neurologic examination the lower extremities. A previous MRI, dated November 19, 2012, is documented as showing no evidence of nerve root compromise. The utilization review in question was rendered on October 29, 2013. The reviewer noncertified the requests for prolong service, topiramate, ketoprofen, and menthoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective dos: 9/25/13: Topiramate 25mg, #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Anti-Epilepsy Drugs Page(s): 21.

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) indicates that Topiramate has variable efficacy and has demonstrated efficacy in neuropathic pain of "central" etiology. However, guidelines and maybe utilized for neuropathic pain when other anti-convulsants fail. The record does not indicate previous use of another anti-convulsant. As such, the request is considered not medically necessary.

Retrospective dos: 9/25/13: ketoprofen 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 67-73.

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) supports the use of anti-inflammatories for the management of chronic pain, and recommends these medications for short-term use when there is an acute exacerbation. Based on the clinical documentation provided, this medication appears not to be just chronically. As such, the request is considered not medically necessary.

Retrospective dos: 9/25/13: menthoderm 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Topical Products Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) that these topical analgesics is largely experimental, but may be an option in the management of neuropathic pain when first-line agent such as antiepileptic medications fail. Based on clinical documentation provided, there is no evidence of nerve root compromise or neuropathic pain on examination. Additionally, the November 1, 2013 document indicates normal neurologic exam of the lower extremities. This medication contains lidocaine which has an indication for the management of peripheral neuropathic pain when first-line medications fail. Based on the documentation provided, there is no evidence of failure of first-line agent. As such, the request is considered not medically necessary.