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| Case Number: | CM13-0066085 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 02/01/2011 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 patient is a 36-year-old female with a date of injury of 02/01/2011. The patient has a diagnosis of carpal tunnel syndrome bilaterally and epicondylitis on the right. Per the 01/07/2014 office note, the patient is currently working full time as an office technician and was in for an evaluation regarding condition of bilateral wrists and right elbow. The patient complained of pain 7/10 daily. The patient notes Tramadol decreases her pain to 5/10. The patient has been experiencing increased pain in the right hand times 1 month particularly in the joint areas. The patient has noted spasms 4 or 5 times daily as well as numbness and tingling. Also noted, the patient does use hot and cold modalities for pain as needed. Objective findings on exam: the physician noted the patient has limited range of motion of the right wrist and hand due to pain and stiffness, as well as tenderness at the base of the right thumb. Diagnostic studies include an electromyogram (EMG) study which was completed on 05/10/2013 that revealed mild left greater than right carpal tunnel syndrome. An MRI (magnetic resonance imaging) of the left wrist was completed which revealed osseous contusion of ligament/tenderness tear. The physician noted that the patient has been approved for Tramadol ER 150 mg, naproxen 550 mg for anti-inflammation, and gabapentin 600 mg for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 50MG QTY: 60.00: Upheld

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

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

Decision rationale: The patient is a 36-year-old female who is diagnosed with carpal tunnel syndrome bilaterally and epicondylitis on the right elbow. The physician noted in the 01/07/2014 office note they would like Topamax for neuropathic pain. The California MTUS Guidelines do recommend Topamax be considered for neuropathic pain when other anticonvulsants have failed. There is no documentation that the patient has had a trial of other anticonvulsants without success. The patient is also noted to be taking gabapentin at this time. Therefore, without documented failure of other anticonvulsants and without a rationale to support the necessity of two anticonvulsant medications in this clinical situation, the request is not supported. Therefore, the request for Topamax 50mg, QTY: 60.00 is non-certified.

LIDO PRO LOTION 4OZ, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS Guidelines do note for topical analgesics, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. 1 of the ingredients in the requested medication includes capsaicin which is recommended only as an option in patients who have not responded or are intolerant to other treatments. The formulation for LidoPro is 0.0375%. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% would provide any further efficacy. There is no documentation to indicate that this patient has not responded to or is intolerant to other treatments at this time. In addition, LidoPro does have the higher 0.0375% formulation of capsaicin which is not noted to provide any further efficacy. Therefore, the request for Lido Pro Lotion 4oz Qty 1.00 is non-certified.

TEROCIN PATCH, QTY: 20.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS Guidelines do state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any

compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The California MTUS Guidelines do not recommend non-Food and Drug Administration (FDA) approved preparation of lidocaine. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted for review does not show that the patient has not responded to or is intolerant to other treatments. Therefore, the request for Terocin Patch Qty 20.00 is non-certified.