

Case Number:	CM13-0069969		
Date Assigned:	01/03/2014	Date of Injury:	11/05/2012
Decision Date:	05/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Rehabilitation 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 claimant is a 48-year-old female who reported an injury on 11/05/2012. The mechanism of injury was dropping a garbage can weighing approximately 20 to 25 pounds on the left foot. The injured worker reportedly sustained an injury to the left foot and ankle. Treatment history included physical therapy, activity modifications, corticosteroid injections, and multiple medications. Evaluation dated 10/31/13, documented that the patient had 4/10 to 6/10 pain described as "throbbing." It was documented that the injured worker was occasionally unable to put pressure on the foot. Physical findings included tenderness to palpation of the left ankle joint line. Diagnoses included ankle/foot pain in joint, and knee pain. Treatment plan included continuation of a home exercise program and continuation of medications to include Methoderm, tramadol, and topiramate. A Letter of Appeal dated 01/27/2014 did not provide any additional clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE, 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics Page(s): 16-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends anticonvulsants as a first-line medication in the treatment of chronic pain. However, MTUS guidelines also recommend ongoing use of medications in the management of chronic pain to be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief as a result of medication usage. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. The request for Topiramate 50 mg is not medically necessary and appropriate.

MENTHODERN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does support the use of topical salicylates in the management of a patient's chronic pain. However, MTUS guidelines recommends medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit resulting from the use of this medication. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not provide a dosage, frequency, or body part for application. Therefore, the appropriateness of the request itself cannot be determined. The request for Methoderm is not medically necessary and appropriate.

TRAMADOL, 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The California MTUS guidelines recommends the ongoing use of opioids be supported by documentation of functional benefit, evidence of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief or evidence of functional benefit resulting from medication usage. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior with urine drug screens or is engaged in an opioid pain contract. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of

treatment. Therefore, the appropriateness of the request itself cannot be determined. The request for Tramadol 50 mg is not medically necessary and appropriate.