

<b>Case Number:</b>	CM14-0002193		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/09/2008
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with a 11/9/08 date of injury. At the time (12/14/13) of request for authorization for prospective usage of Topamax 25mg #180 and prospective usage of Butrans patch #4, there is documentation of subjective (weakness, stiffness, cramping and pain on the right arm and elbow with intensity of 6-7/10) and objective (not specified) findings, imaging findings (bilateral wrists x-ray (11/05/13) report revealed mild cystic change left ulnar styloid probably due to old trauma), current diagnoses (right elbow ulnar nerve entrapment, right elbow epicondylitis, and right wrist carpal tunnel syndrome), and treatment to date (medications (including NSAIDs)). Regarding topamax, there is no documentation that other anticonvulsants have failed. Regarding Butrans patch, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 25mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Section.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. Within the medical information available for review, there is documentation of diagnoses of right elbow ulnar nerve entrapment, right elbow epicondylitis, and right wrist carpal tunnel syndrome. In addition, there is documentation of neuropathic pain. However, there is no documentation that other anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for prospective usage of Topamax 25mg #180 is not medically necessary.

**Butrans patch #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Section Page(s): 26-27.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of right elbow ulnar nerve entrapment, right elbow epicondylitis, and right wrist carpal tunnel syndrome. In addition, there is documentation of presence of chronic pain. However, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for prospective usage of Butrans PATCH #4 is not medically necessary.