

Case Number:	CM14-0106723		
Date Assigned:	07/30/2014	Date of Injury:	08/19/2002
Decision Date:	09/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old female who reported an injury on 08/19/2002 due to transferring a patient; she was slammed against an elevator door. The injured worker complains of neck pain with stiffness and popping with the pain radiating down into the bilateral shoulders and also to the right arm and hand with numbness and tingling. The diagnosis included cervical sprain/strain. The diagnostics dated 08/25/2010 included electrodiagnostic study of the right upper extremity that showed evidence of older neuropathy at the elbow and cervical radiculopathy, x-rays of the cervical spine revealed loss of normal cervical lordosis, x-ray of the right shoulder revealed evidence of subacromial decompression and distal clavicle resection. Prior surgeries included a status post carpal tunnel release, status post right shoulder times 2. The past treatments included cortisone shots, epidural shots, and physical therapy. The objective findings dated 01/30/2012 of the cervical spine revealed flexion 40 degrees, extension 60 degrees, no tenderness or spasms with palpation. No gross deformities noted. The physical findings for the bilateral shoulders revealed a range of motion with flexion 120 degrees, extension 125 degrees, and adduction 30 degrees, muscle strength 10% on forward flexion. No abnormalities at the elbow/wrist. The sensory examination revealed a 3 grade decreased sensation at the ulnar distribution below the mid forearm bilaterally with a negative Finkelstein's maneuver, Phalen's test negative, positive Tinel's sign at the elbow. No medications available. The injured worker reported pain a 6/10 using the VAS. The treatment plan included orthopedic surgeon, addition conservative care that included physical therapy, medication management, bracing or splinting, injections, electrodiagnostic testing and MRIs, surgery for flare-ups. Request for Authorization dated 07/10/2014 was submitted with documentation. The rationale was for the Mexiletine and Topiramate was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs.

Decision rationale: Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The clinical notes did not indicate that the injured worker had neuropathic pain or that any other anticonvulsants had failed. The request did not address the frequency. As such, the request is not medically necessary.

Mexiletine HCL 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 37.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications Page(s): 37. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com.

Decision rationale: The California MTUS indicate that most medications have limited effectiveness. Regional inflammatory reaction: Commonly used drugs are NSAIDs, corticosteroids and free-radical scavengers. The www.drugs.com indicates that Mexiletine affects the way that your heart beats and Mexiletine is used to treat seriously irregular heartbeats. The request did not address the frequency. As such, the request is not medically necessary.