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| Case Number: | CM14-0107429 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 12/04/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/27/2014 |
| 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 Family Medicine and is licensed to practice in New York and New Jersey. 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 31 year-old male with a history of a right hand injury between his index finger and thumb when a large splinter entered his skin on 12/4/13 at his place of employment. The area began to swell and one week after the date of injury, he was seen at a clinic where he underwent incision and exploration for a foreign body in his right hand. A foreign body could not be identified so he was referred to an orthopedic surgeon and given pain medications and antibiotics. The patient complained of burning, sharp pain on the palmar surface of his right hand between his thumb and index finger with complaints of stiffness, weakness, numbness, tingling. He has difficulty in flexing his index finger, and decreased grip strength but full range of motion. He did not follow up with the orthopedic surgeon and attempted to go back to work, but was unable to perform full duties. He did not work for three months. He complained of right shoulder pain with movement at a follow-up appointment. He had tenderness of the anterior shoulder joint and decreased range of motion of his right shoulder on exam. The patient was diagnosed with right shoulder sprain and strain, right hand injury, rule out deep foreign body and tendon injury, and early neuropathic-like changes, rule out neuropathy. A 2/12/14 x-ray showed normal metacarpals, phalanges, and joints, and no fractures or dislocations. Initial recommendations included the use of anti-inflammatories but it was not documented whether he did or did not use these. It was documented that he was prescribed Topamax, Tizanidine, Biofreeze, and Tramadol ER. Other therapies included a home exercise program, hot soaks, and paraffin therapy. A recommendation for further surgery for exploration and removal was made. The request for Topamax is currently being reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 150mg, #60 with three refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Anti-Epilepsy Drugs Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): p16-18, 21.

Decision rationale: The request for Topamax is not medically necessary. According to guidelines, antiepileptics are recommended for neuropathic pain such as diabetic neuropathy and postherpetic neuralgia. There is a lack of expert consensus on the treatment of neuropathic pain due to various causes and mechanisms. Most studies focus on postherpetic neuralgia and polyneuropathy, but are few directed at central pain and none for painful radiculopathy. Topamax has been shown to have variable efficacy, and failed to demonstrate efficacy in neuropathic pain of a central etiology. It is considered for use for neuropathic pain when other anticonvulsants fail. There were no records that NSAIDs were used and if they were effective. Topamax is used when other anticonvulsants have failed. In this case, Topamax is the first documented AED used. Because of these reasons, the request is considered medically unnecessary.