

Case Number:	CM14-0018430		
Date Assigned:	04/18/2014	Date of Injury:	12/14/2008
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 & 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 injured worker is a 50 year old female who reported an injury on 12/14/2008. The reported mechanism of injury is a dropped object that landed on her right foot. A progress report dated 09/18/2013 documented that the injured worker had increased cramping sensations in her right calf with pain radiating to the lateral aspect of her right foot with numbness over the lateral three toes and she reported decreased functional endurance walking. She had physical therapy in July of 2013. Physical exam findings to the right lower extremity included a positive straight leg raise, 1+ deep tendon reflex at the knee, right ankle reflex is diminished compared to the contralateral side. Sensory examination did reveal hyperalgesia over the mid and forefoot involving the first and second toes and she had mild blunting to pinprick over the lateral aspect of her right foot including the lateral three toes. The right forefoot was cool to touch compared to the contralateral side and she had hyperalgesia to touch over both dorsum and the plantar aspect of her first and second toes. The injured worker had diagnoses including crush injury to the right forefoot with resultant CRPS-1, status post ulnar nerve transposition and new onset of right lower extremity paresthesias and lateral ankle and foot pain secondary to lumbar degenerative disc disease. The treatment recommendations included Topamax 100mg twice daily for neuropathic pain and Norco 10/325 on tab every four to six hours. The documents submitted did not include a Request for Authorization of Medical Treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR TOPAMAX 100MG PO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, , 22

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ANTI EPILEPIC, 16-17

Decision rationale: The request for Topamax 100mg is non-certified. The injured worker has chronic neuropathic pain, and Topamax is recommended for neuropathic pain. However, the documentation indicates that the injured worker has been prescribed this medication since at least March of 2013 and there is no furnished documentation of decreased pain or increased function with use of the Topamax. There is not a current pain rating with or without Topamax to indicate the effectiveness. Therefore, the request is not medically necessary and appropriate.

PRESCRIPTION FOR NORCO 10/325 1 TAB PO Q6H: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, , 82-88

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 75-76

Decision rationale: The request for Norco 10/325 is non-certified. The injured worker has chronic neuropathic pain in lower right extremity. The California Medical Treatment Utilization Schedule (MTUS) chronic pain medication guidelines state that opioids are not recommended as a first line therapy for neuropathic pain. The guidelines also state that a therapeutic trial of opioids should not be used unless a failed trial of non-opioids analgesic is documented. The injured worker has been prescribed Norco since at least March of 2013 and there is a lack of documentation of decreased pain or increased function. The request for 10/325 is excessive and clinical documentation fails to rate pain at moderate to moderately severe. Additionally, it was unclear when the injured worker last underwent urine drug screening. Therefore, the request is not medically necessary and appropriate.