

Case Number:	CM14-0113458		
Date Assigned:	09/16/2014	Date of Injury:	09/05/2012
Decision Date:	10/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 Rehabilitation Medicine 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 34- year old male with an industrial injury on 9/5/12. His diagnoses include elevated blood pressure, s/p amputation of 4th-5th digit, and left forearm pain. Patient had been prescribed Tramadol, Topiramate and Mentherm for his pain. A progress note on 7/1/14 reported constant left hand digit pain at 6-7/10 with relief from medications. There was subsequent utilization review appeal- documentation on 7/21/14 by the same provider stating that patient complained of throbbing sharp pain on the right hand extending from the 4th-5th digits all the way to the palm of the hand. It was also documented that there was numbness over the 4th digit (right or left not indicated). Patient stated that pain has improved with medications. A utilization review on 7/9/14 did not certify the disputed request for Topiramate and Mentherm, except for a partial one time approval for Tramadol without refill .This partial certification was made to prevent significant withdrawal side effects caused by abruptly discontinuance of the Tramadol. The stated rationale for a partial certification of Tramadol was due to the fact that there was no treatment history provided, and benefit from the medications was non-specific. Additionally, compliance with medication, appropriate urine drug screen and failure first line agents use were not provided in the documentation submitted. Furthermore per utilization review with regards to the requested Topiramate, its use is only recommended as a second line agent per the MTUS guideline for treatment of neuropathic pain after failure of first line agent such as Gabapentin. Mentherm is not supported as compounded agents under the CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, On-going Management Page(s): 113, 78.

Decision rationale: Based on the above stated guidelines, Tramadol is a centrally synthetic opioid analgesic and is not recommended as a first line oral analgesic. Upon reviewing the documentation from progress notes dated 7/1/14 and UR appeal on 7/21/14 by the same provider, there was no consistency as to the right and /or left hand pain complaints. Although there was documentation made as to patient's mood/affect that was appropriate, there was not a specific documentation on the benefits of the medication, such as improvement in physical function. There was also no clear cut documentation as to adverse side effects, specific improvement in patient's activity of daily living, and use of drug screening on chronic use of the medication. Therefore, tramadol is not recommended as medically necessary.

Menthoderm 130gm #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

Decision rationale: Mentoderm is a methyl-salicylate and menthol compound. For topical NSAIDs, the MTUS recommends duration of 4-12 weeks of use. The submitted documentation does not detail the duration of this use, and the progress notes on date of service 7/1/14 merely states to continue this medication. Due to a lack of documentation, Mentoderm is not medically necessary.

Topiramate 25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Topiramate Page(s): 17, 21.

Decision rationale: The Chronic Pain Medical Treatment Guidelines under the section "Outcome" on page 17 states that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse

effects. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. A good response to the use of anti-epileptic drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Upon review of the submitted documentation, no documentation was found as to improvement in function and adverse effects. Furthermore, it also states under "Specifically studied disease - Painful polyneuropathy on page 17": that the other first line options for painful neuropathy are tri-cyclic antidepressant, or a SNRI antidepressant. Based on the submitted documentation, it is not evident what degree of response the patient has had to this AED. Therefore, Topiramate is deemed not medically necessary.