

Case Number:	CM14-0117895		
Date Assigned:	08/06/2014	Date of Injury:	11/09/2012
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Tennessee. 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 patient is a 51-year-old male who has submitted a claim for musculoligamentous strain and sprain lumbosacral spine, probable HNP, deconditioned, and psychological overlay associated with an industrial injury date of 11/09/2012. Medical records from 01/28/2014 to 08/05/2014 were reviewed and showed that patient complained of low back pain graded 5/10 radiating down the left lower extremity with associated numbness and tingling. Physical examination revealed tenderness upon palpation over lumbar paraspinal muscles, decreased lumbar ROM, weakness of left extensor hallucis longus and tibialis anterior, decreased sensation along left S1 dermatome, and intact DTRs of lower extremities. MRI of the lumbar spine dated 06/28/2013 revealed L3-4 disc desiccation, L4-5 broad-based disc bulging and mild facet arthropathy, and L5-S1 disc height loss and desiccation with end plate extension into right (mild to moderate) and left (mild) neuroforamen. Treatment to date has included Topamax (dosage and quantity not specified; prescribed since 07/08/2014), Mentherm 120 gm #1 (DOS: 07/15/2014), Tramadol, Flexeril, Lidopro, omeprazole, TENS, heat therapy, and home exercise program. Of note, there was no documentation of functional outcome from aforementioned treatments. Utilization review dated 07/15/2014 denied the request for Topiramate 25mg #60 because there was no documentation of other anticonvulsants. Utilization review dated 07/15/2014 denied the request for Mentherm 120gm #1 because there was no clear rationale for the use of topical medications rather than FDA-approved oral forms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate, anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Other Antiepileptic Drugs: Topiramate (Topamax, no generic available).

Decision rationale: As stated on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. Page 21 states that Topiramate (Topamax, no generic available) 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. In this case, the patient was prescribed Topamax (dosage and quantity not specified) since 07/08/2014. There was no documentation of functional improvement with its use. Furthermore, there was no documentation of non-response to other anticonvulsants to support topiramate use. Therefore, the request for Topiramate 25 mg #60 is not medically necessary.

Menthoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals: Topical Analgesics, Page(s): 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Capsaicin, topical

Decision rationale: Menthoderm gel contains methyl salicylate and menthol. According to page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. The guidelines state that while the guidelines referenced support the topical use of methyl salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, the patient was prescribed Menthoderm 120 gm #1 since 07/15/2014. There was no documentation of functional improvement with its use. Furthermore, there was no discussion as to why similarly formulated over-the-counter products will not suffice. The request likewise failed to specify the quantity of Menthoderm to be dispensed. Therefore, the request for Menthoderm is not medically necessary.

