

Case Number:	CM14-0122168		
Date Assigned:	08/06/2014	Date of Injury:	12/10/2002
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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:

Medical records reflect the claimant is a 57 year old female who sustained a work injury on 12-10-02. The claimant has a diagnosis of work related TOS/RSD and chronic pain. Office visit dated 6-4-14 notes the claimant reports she has burning in the forearms and the back. She stopped the Topamax, as it did not help. She is continuing her other medications and needs no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 200 mg, QTY: 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - anti depressants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that antidepressants are Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. With the diagnosis of TOS and "RSD" the use of an anti-depressant is reasonable due to the neuropathic pain. However, the claimant reported she stopped this

medication as it was not helpful. Therefore, the request for Topamax 200 mg # 30 with 3 refills is not medically necessary.

Skelaxin 800 mg, QTY: 120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin (Metaxalone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established

Wellbutrin XL 300 mg, QTY: 30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - anti depressants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that antidepressants are Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. With the diagnosis of TOS and "RSD" the use of an anti-depressant is reasonable due to the neuropathic pain. The claimant failed Topamax. Therefore, the request for Wellbutrin 30 mg # 30 with 3 refills is reasonable and medically necessary.

Voltaren Cream, QTY: 1 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - topical NSAIDS

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant failed first line of treatment or that she cannot tolerate the oral medications that are being prescribed. Therefore, the medical necessity of this request was not established.

