

Case Number:	CM14-0123151		
Date Assigned:	08/06/2014	Date of Injury:	10/25/2007
Decision Date:	12/04/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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, has a subspecialty in Interventional Spine Pain Management 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 patient is a 71-year-old male with a date of injury of 10/25/2007. The listed diagnoses per [REDACTED] are: 1. Lumbar degenerative disk disease. 2. Lumbar facet arthropathy. 3. Sacroiliac strain. According to progress report 07/08/2014, the patient presents with continued pain in the low back. The provider states the patient's pain is controlled with exercise, medication, gel, and TENS unit. Medications reduced pain by at least 50% and the pain in the left leg continues to be improved with the use of Topiramate. GI upset has been controlled with the use of omeprazole. LidoPro is effective as adjunct and the patient utilize this at night. With medications, the patient's pain can be 3/10. Examination findings revealed "minimal + TTP lumbar PSM." This is a request for Topiramate 50 mg #60 and LidoPro ointment 121 g, quantity #2. Utilization review denied the request on 07/21/2014. Treatment reports from 02/10/2014 through 07/08/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax); antiepileptic drugs for chronic pain Page(s): 21;16-17.

Decision rationale: This patient presents with continued low back and left leg pain. The provider is requesting refill of Topiramate 50 mg #60. According to MTUS Guidelines page 21, "Topiramate (Topamax) 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Review of the medical file indicates the patient has been prescribed this medication since at least 02/10/2014. The provider notes that patient's chronic left leg pain continues to be improved with the use of this medication. Given the patient's improved leg pain with this medication. Therefore, this request is medically necessary.

Lidopro ointment 121 gm, QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Topical analgesics Page(s): 111.

Decision rationale: This patient presents with low back and left leg pain. The provider is requesting a refill of LidoPro ointment 121 gm, QTY: 2. Provider states that this medication is effective as "adjunct and he uses this at night." LidoPro compound cream contains capsaicin, Lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, Lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Therefore, this request is not medically necessary.