

Case Number:	CM14-0131116		
Date Assigned:	08/22/2014	Date of Injury:	03/01/2012
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 Occupational 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:

This 35 year old patient had a date of injury on 3/1/2012. The mechanism of injury was not noted. In a progress noted dated 6/24/2014, subjective findings included low back pain, bilateral shoulder, hand, and right knee pain. On a physical exam dated 6/24/2014, objective findings included no acute distress, anxiety. There is firm lump noted along volar surfer of right wrist. Tinel's test is positive at left carpal tunnel. Diagnostic impression shows mild carpal tunnel syndrome, abnormal EMG/NCV (Electromyography / Nerve Conduction Velocity) of bilateral upper extremities, right median sensory mononeuropathy. Treatment to date: medication therapy, behavioral modification, bilateral carpal tunnel release on 9/2012. The UR decision dated 7/15/2014 denied the request for Topamax 50mg #60, stating there is minimal support for use of Topamax for peripheral neuropathic pain. Ketamine 5% cream #60 was denied, stating that no improvement was documented and Ketamine is not supported by ODG or MTUS for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50 mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUG Page(s): 16-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. In a progress note dated 6/24/2014, this patient is noted to have failed Gabapentin, which has caused GI upset. Due to this fact, the patient has been given Topamax to treat neuropathic pain. Therefore, the request for Topamax 50mg #60 is medically necessary.

Ketamine 5% cream 60 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: CA MTUS states that topical Ketamine has only been studied for use in non-controlled studies for CRPS (Complex Regional Pain Syndrome) I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. In the progress report dated 6/24/2014, there was no documented functional improvement noted with Ketamine. Furthermore, guidelines do not yet support Ketamine for neuropathic pain. Therefore, the request for Ketamine 5% cream #60gm is not medically necessary.