

Case Number:	CM14-0173202		
Date Assigned:	10/24/2014	Date of Injury:	04/25/2011
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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:

The injured worker is a 41-year-old male who reported an injury on 04/25/2011. Reportedly while the injured worker was employed as a deputy sheriff for [REDACTED] he sustained multiple injuries. He injured his right knee when he stepped off a curve and hyperextended his right leg, as he tried to twist the leg out of this position, he tore his ACL and MCL and injured his patella. The injured worker's treatment history included arthroscopic surgery, physical therapy, medications, and MRI studies. The injured worker was evaluated on 09/16/2014 and it was documented the injured worker complained of constant pain in his right lower extremity which can be stabbing and sharp in character. He stated that he had throbbing pain in the leg with prolonged walking and at these times his right leg swells. The patient also complained of frequent episodes when his leg feels cold from the knee down and perspires excessively. Examination of the right knee revealed there were scars from previous arthroscopic surgeries but otherwise no significant abnormalities were noted. There was a slight flexion contracture of the right knee. The injured worker was unable to fully extend the right knee. The lower extremity measurements of the right thigh was 16 inches in the left thigh with 16 and 1 half inches. The calf lower extremity measurements were 13 and 3 quarter inches on the right and 14 inches on the left. The provider noted that the injured worker had undergone x-rays of the lumbar spine that were noted to be unremarkable. Vertebral body heights and disc heights were well maintained. The treatment plan included the injured worker would be initiated on a trial of Topamax 25 mg to take at night time in case it has a sedating effect. The provider noted he recommends starting the injured worker on a topical cream applied to his right lower extremity 4 times a day. Diagnoses included status post 5 arthroscopic surgeries, right knee, most recently on 04/23/2014 and complex regional pain syndrome, right lower extremity. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #60 with 2 refills (1x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ant epilepsy Drugs (AEDs) Other Antiepileptic Page(s): 16 & 21.

Decision rationale: CA MTUS Guidelines recommend that anti epilepsy drugs are for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Additionally, 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 fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The documentation submitted for review failed to indicate the injured worker having neuropathic pain. Additionally, the request failed to indicate duration and frequency of medication. As such, the request for Topamax 25mg #60 with 2 refills (1x3) is not medically necessary.

Ketamine/Lidocaine/Hyaluronic acid/Diclofenac: 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 Analgesics; Ketoprofen Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com

Decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per drugs.com, "Hyaluronic acid is a natural substance found in all living organisms and provides volume and fullness to the

skin". The request that was submitted failed to include body location, what topical compound cream is supposed to be applied to the injured worker. The request that was submitted failed to include dosage and frequency of medication. As such, the request for ketamine/lidocaine/hyaluronic acid/diclofenac is not medically necessary.