

Case Number:	CM14-0058465		
Date Assigned:	07/09/2014	Date of Injury:	12/10/2012
Decision Date:	08/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in 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:

According to the records made available for review, this is a 56-year-old female with a 12/10/12 date of injury. At the time (3/31/14) of the request for authorization for transcutaneous electrical nerve stimulation (TENS) patch Qty: 2 pair and Topamax 25 mg, Qty: 60, there is documentation of subjective (elbows with radiation down to her hands left greater than right, numbness, weakness, pain) and objective (positive tenderness to palpation lateral greater than medial bilateral epicondyle, positive Cozen sign bilaterally) findings. Her current diagnoses include lateral epicondylitis bilaterally, status post left lateral epicondyle decompression surgery on 11/12/13, insomnia not otherwise specified, left carpal tunnel syndrome, poor coping, and history of gastritis. Treatment to date includes medication including Tramadol and Lidopro and a TENS unit. Regarding TENS patch, there is no documentation of how often the unit is used, outcomes in terms of pain relief and function, and other ongoing pain treatment. Regarding Topamax 25 mg, there is no documentation that other anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

T.E.N.S. patch Qty :2 pair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, guidelines identify documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lateral epicondylitis bilaterally, status post left lateral epicondyle decompression surgery on 11/12/13, insomnia not otherwise specified, left carpal tunnel syndrome, poor coping, and history of gastritis. In addition, there is documentation of treatment with a TENS unit. However, there is no documentation of how often the unit is used, outcomes in terms of pain relief and function, and other ongoing pain treatment. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Topamax 25 mg, Qty: 60: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lateral epicondylitis bilaterally, status post left lateral epicondyle decompression surgery on 11/12/13, insomnia not otherwise specified, left carpal tunnel syndrome, poor coping, and history of gastritis. Additionally, there is documentation of neuropathic pain. However, there is no documentation that other anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.