

Case Number:	CM14-0064508		
Date Assigned:	07/11/2014	Date of Injury:	11/09/2011
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on November 9, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of low back pain with intermittent burning and tingling in the left foot. The physical examination demonstrated reduced lumbar spine range of motion and tenderness to the lumbar spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left foot surgery on January 23, 2014 and physical therapy. A request had been made for topiramate, Lidopro topical ointment, and a transcutaneous electrical nerve stimulator patch with two electrodes and was not certified in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg. #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-Epilepsy Medications, Updated July 10, 2014. Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697012.html>.

Decision rationale: According to the Official Disability Guidelines topiramate is not recommended for usage. Topiramate has been shown to have variable efficacy with failure to demonstrate relief of neuropathic pain of a central etiology. Considering this, the request for topiramate is not medically necessary.

LidoPro Topical Ointment 121 mg. four (4) ounces: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56,57,112.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee has not been stated to have failed these first-line treatments. As such, the request for Lidopro topical ointment is not medically necessary.

Transcutaneous Electrical Nerve Stimulation (TENS) Patch (Electrodes) two (2) pairs:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines support the use of a TENS unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence-based functional restoration. In the absence of such documentation, this request does not meet guideline criteria for a tens trial. As such, this request for a transcutaneous electrical nerve stimulation patch with two pairs of electrodes is not medically necessary.