MAXIMUS Federal Services

Case Number:	CM14-0066394		
Date Assigned:	07/11/2014	Date of Injury:	09/01/2009
Decision Date:	09/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The applicant who has filed a claim for chronic foot, ankle, and low back pain reportedly associated with an industrial injury of September 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; muscle relaxants; a TENS unit; aquatic therapy; and topical agents. In an April 24, 2014 progress note, the applicant presented with 7/10 bilateral foot and ankle pain. The applicant was using Norco, Topamax, Flexeril, and LidoPro. The applicant had a history of reflux. The applicant stated that a trial of Topamax had made her sleepy and that she was uncertain as to whether or not any difference in function had occurred. The applicant was having issues with depression, frustration, and anxiety. The applicant was unemployed. Multiple medications were renewed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Norco, LidoPro, and Topamax. Addition of cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Topiramate 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 21, 7.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate can be considered for use for neuropathic pain when other anticonvulsants fail, in this case, however, it was not clearly established that other anticonvulsants such as Lyric and/or gabapentin, have been tried and/or failed before topiramate was introduced. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. The request for topiramate is a renewal request. There is no evidence that the applicant has demonstrated any functional improvement through ongoing usage of the same. The applicant remains off of work, on total temporary disability, and remains highly reliant and highly dependent on opioid agents such as Norco, despite introduction of topiramate. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of topiramate. Therefore, the request is not medically necessary.

Lidopro cream: 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as LidoPro are "largely experimental." No rationale for selection and/or ongoing usage of LidoPro cream in the face of the unfavorable MTUS position on the same was proffered by the attending provider. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals effectively obviates the need for the topical compounded LidoPro agent in question. Therefore, the request is not medically necessary.