

<b>Case Number:</b>	CM14-0082539		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/25/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 44-year-old female who sustained an industrial injury on 02/05/02. As on 04/24/14, the patient had significant pain in the upper back/neck region and upper extremities, worse on the right, with numbness and tingling, and sensitivity in the right forearm, hand, and wrist. She has low back pain, worse on the left and also bilateral lower extremity burning, shooting pain. On physical exam, there is tenderness of the upper thoracic and all of the cervical paraspinal muscles, with palpable muscle spasms involving paraspinal muscles, and also trapezius and levator scapulae muscles. Range of motion in the neck is decreased. Sensory in the upper extremities is decreased, especially on the right side. She has tenderness of the anterior chest muscles involving the pectoralis muscles. She has localized tenderness over the left torso. Current medications are Topamax 100 mg and Vicodin. She recently had hip surgery. Diagnoses were right thoracic outlet syndrome, multilevel cervical disc disease with stenosis, and lumbar degenerative disc disease with bilateral lower extremity radiculopathy. She also has diagnoses of osteoporosis, fibromyalgia, displacement of the thoracic facet joint and rib. The request for Lidoderm patches 5% was denied on 05/27/14 due to lack of medical necessity. The request for Topiramate 100 mg #30 3 RF was modified to #30, no refills on 05/27/14 due to lack of medical necessity. The request for Lidoderm patches 5% was denied on 05/27/14 due to lack of medical necessity. The request for topiramate 100 mg #30 3 RF was modified to #30, no refills on 05/27/14 due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 112.

**Decision rationale:** Per guidelines, Lidoderm is not recommended. Lidoderm is the brand name for a Lidocaine patch. Topical Lidocaine may be recommended for localized neuropathic 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, the criteria are not met and thus the request is not medically necessary according to the guidelines.

**Topiramate 100 MG #30 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, Page(s): 113, 22.

**Decision rationale:** As per CA MTUS guidelines, "Topamax is recommended for treatment of neuropathic pain. Topiramate (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." In this case, there is no documentation of trial and failure of first line therapy. Furthermore, there is no documentation of significant reduction in pain level (i.e. VAS) or objective functional improvement with the use of this medication. Thus, the request is not medically necessary and is not medically necessary.