

Case Number:	CM14-0147032		
Date Assigned:	09/15/2014	Date of Injury:	04/30/2004
Decision Date:	01/26/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family Practice, 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:

This is a 48 years old female patient who sustained an injury on 4/30/2004. She sustained the injury due to repetitive work. The current diagnoses include status post cervical fusion, thoracic outlet syndrome, status post first rib resection, cervical myofascial pain syndrome and cervicogenic headache with migranous components. Per the doctor's note dated 9/15/14, she had complaints of chronic neck pain with radiation to the right arm, shoulder pain; headache with some migrainous component. The physical examination revealed stable examination, no new focal weakness, intact reflexes at biceps, triceps and brachioradialis and negative Hoffman's sign. The medications list includes Lyrica, topamax, cymbalta, dilaudid and lidoderm patch. She has had electro diagnostic studies upper extremities dated 5/24/2006 which revealed evidence of mild bilateral C5-6 cervical radiculopathy with mild denervation, chronic denervation and membrane irritability in the left C5-6 myotome, evidence of TOS affecting bilateral upper extremities; cervical X-rays dated 1/16/2008 which revealed stable fusion changes C5-C7 with limitation in flexion. She had undergone anterior C5-6, C6-7 cervical discectomy and partial vertebrectomy with fusion on 10/3/2005; first rib resection. She has had physical therapy visits, trigger point injections and botox injections. She has had urine drug screen report dated 5/18/14 with inconsistent findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Topiramate (Topamax, no generic available) Page(s): 16-17; 21.

Decision rationale: Topamax contains Topiramate, which is an antiepileptic drug. According to MTUS guidelines, antiepileptic drugs are "Recommended 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. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Any evidence of post herpetic neuralgia is not specified in the records provided. In addition, per the cited guidelines "Topiramate (Topamax, no generic available) 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." Per the records provided patient is already taking a first line anti-convulsants Lyrica that helps to relieve neuropathic pain. The rationale for an additional anticonvulsant without evidence of failure of a first line anticonvulsant is not specified in the records provided. The medical necessity of Topamax 100mg #120 is not medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Lidoderm (lidocaine patch) Page(s): 111-113; 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsants and antidepressant for these symptoms are not specified in the records provided. Intolerance to oral medications for pain other than opioids is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm patches 5% #30 is not medically necessary.

