

Case Number:	CM14-0176697		
Date Assigned:	10/30/2014	Date of Injury:	06/06/2013
Decision Date:	01/02/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 52 year old female who sustained an industrial injury on 06/06/13. An MRI of the lumbar spine from 05/21/14 showed mild disc desiccation at L5-S1 and L4-L5 with arthropathy and mild caudal foraminal narrowing without disc herniation or canal stenosis. Her treatment included TENS unit, acupuncture, part time work with work modification, home exercise programs and medications. Her diagnoses included low back pain, lumbar radiculopathy and myofascial pain. The visit note from 09/06/14 was reviewed. Subjective complaints included 5/10 low back pain radiating to left lower extremity with numbness and tingling. Topiramate 75mg was helpful for her numbness and tingling in her left lower extremity. Medications helped with pain about 30-40% and enabled her to do her ADLs (activities of daily living) better. TENS was helpful in managing her pain as well. There were no noted side effects of medications. Current medications included Topiramate 75mg twice daily, Diclofenac ER 100mg, Naproxen and Tramadol BID. Objective findings included decreased lumbar range of motion, tenderness to palpation of lumbar paraspinal muscles and normal mental status. Naproxen and Methoderm was discontinued. The request was for Topiramate 50mg BID, Topiramate 25mg BID, Dendracin cream 120mg and Diclofenac sodium 100mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg, 1 tab po BID #60: Upheld

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

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, Topiramate is recommended for neuropathy when other anticonvulsants fail. There is documentation that Topiramate was helpful for neuropathy symptoms. The employee has lumbar radiculopathy. But there is no documentation on which first line antiepileptics were tried if any. Therefore, the request is not medically necessary or appropriate.

Diclofenac sodium ER 100 mg 1 tab by mouth daily: 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 Diclofenac Page(s): 67-70.

Decision rationale: The MTUS, Chronic Pain Medical Treatment guidelines state that NSAIDs are recommended as an option for short-term symptomatic relief. The employee had chronic pain since the date of injury, for more than a year, and had been on Naproxen. Given the increased risk profile with Diclofenac and the chronic pain, the request for Diclofenac is not medically necessary or appropriate.

Dandracin cream 120 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to MTUS, Chronic pain treatment guidelines, topical analgesics are considered highly experimental without proven efficacy and are only recommended for the treatment of neuropathic pain after failing first line therapy of antidepressants and anticonvulsants. Dendracin cream has Capsaicin, Menthol and Methyl Salicylate. The employee's records don't indicate the first line anticonvulsants and/or antidepressants had failed. Also, Capsaicin is not indicated at the higher strength of 0.0375% formulation. Hence, the request is not medically necessary or appropriate.

Topiramate 25 mg 1 tab po BID #60: Upheld

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

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

Decision rationale: According to MTUS Chronic pain treatment guidelines, Topiramate is recommended for neuropathy when other anticonvulsants fail. There is documentation that Topiramate was helpful for neuropathy symptoms. The employee has lumbar radiculopathy but there is no documentation on which first line antiepileptics were tried if any. Therefore, the request is not medically necessary or appropriate.