

Case Number:	CM14-0208165		
Date Assigned:	12/22/2014	Date of Injury:	11/30/2011
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male sustained a work related injury on 11/30/2011. The mechanism of injury was reported to be injury from falling backwards down six steps, landing on his back with his neck extended, striking both elbows and the back of his head. The current diagnoses are discogenic cervical condition with four-level disc disease, discogenic lumbar condition with three-level disc disease, right lateral Epicondylitis, right wrist joint inflammation, right knee sprain, and depression. According to the progress report dated 10/29/2014, the injured worker's chief complaints were increased pain in the back and both legs. The pain was rated 3-4/10 with medications and 7-8/10 without. He admits to having spasms, numbness, and tingling in the back and right leg. He reported pain in the low back increases with sitting longer than 30-40 minutes, standing longer than 30 minutes, and walking longer than 45 minutes. Additionally, he admits to pain in the neck, right shoulder, elbows, right wrist and depression due to chronic pain resulting in physical limitations. The physical examination revealed an elevated blood pressure. Range of motion included neck flexion to 30 degrees and extension to 20 degrees. Right upper extremity abducts laterally to 125 degrees. Bilateral elbows extend to 180 degrees and flexes to 145 degrees. Right wrist flexion to 20 degrees and extension to 25 degrees, and lumbar flexion to 35 degrees and extension to 15 degrees. Current medications are Norco, Tramadol, Nalfon, Protonix, and Topamax. According to the Utilization Review, the injured worker was previously treated with trigger point injections, TENS unit, back brace, and elbow sleeve. On this date, the treating physician prescribed Topamax 50mg #60 and Terocin patches # 20, which is now under review. The Topamax was prescribed specifically for neuropathic pain and the Terocin patches

for topical use with pain. In addition to the Topamax and Terocin patches, the treatment plan included pain management referral for possible injection, Norco, Tramadol, Nalfon, and Protonix. He was advised to avoid neck flexion, rotation, and extension, as well as forceful pushing, pulling, and heavy lifting. He should avoid repetitive squatting and bending at the waist. He was instructed to do intermittent sitting, standing, and walking as tolerated. He may use ice and heat for pain as needed. He is also encouraged to do home exercises to maintain range of motion. When the medications were prescribed work status was off work and receiving workman's compensation. On 11/24/2014, Utilization Review had non-certified a prescription for Topamax 50mg #60 and Terocin patches # 20. The Topamax was non-certified based on its failure to treat centrally mediated neuropathic pain. The Terocin patches were non-certified based on no evidence of extenuating circumstances in this claimant's specific case. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: 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 Antiepilepsy Drugs (AEDs) Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. The medical reports indicate that the injured worker was previously treated with Gabapentin, and now with Topamax. Topamax was initiated when Gabapentin was not certified by utilization review. He reports benefit with the use of medications, but Topamax is not specifically addressed as having a good response. Medical necessity has not been established within the recommendations of the MTUS Guidelines. The request for Topamax 50mg #60 is determined to not be medically necessary.

Terocin patches #20: 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): 111-113.

Decision rationale: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The medical reports do not indicate that the injured worker has failed trials of antidepressant and anticonvulsant medications. The request for Terocin patches #20 is determined to not be medically necessary.