

Case Number:	CM15-0001445		
Date Assigned:	01/12/2015	Date of Injury:	10/28/2008
Decision Date:	03/09/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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: Indiana

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 employee is a 54 year old male with date of injury of 10/28/2008. A review of the medical records indicate that the patient is undergoing treatment for chronic pain, chronic migraines, intervertebral disc disease of the lumbar spine. Subjective complaints include continued daily headaches and low back pain. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals; positive straight leg raise; muscle strength 4/5 in the right lower extremity. Treatment has included Imitrex, Topomax, Zanaflex, and Botox. The utilization review dated 12/31/2014 non-certified Voltaren gel, Flector patches #30, Imitrex #9, and Topomax #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain; compounded creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states for Voltaren Gel 1% (Diclofenac) that it is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Therefore, the request for 2 Voltaren Gel 1% is not medically necessary.

60 tablets of Topamax 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topomax Page(s): 113.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding 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. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Topamax 25mg #60 is not medically necessary.

30 patches of Flector 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Chronic pain; compounded creams

Decision rationale: MTUS and ODG recommended usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A Flector patch is composed of NSAIDs. MTUS states

regarding topical NSAIDs, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The employee does not have osteoarthritis of the spine. Therefore, the request for 30 patches of Flector 1.3% is not medically necessary.

9 tablets of Imitrex 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Head, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head; triptans

Decision rationale: MTUS and ACOEM are silent with regards to sumatriptan (imitrex). Other guidelines were utilized. ODG states regarding sumatriptan, recommended for migraine sufferers. The records presented for review indicate the prescription of sumatriptan was for the treatment of migraines. Therefore, the request for Imitrex 100mg #9 is deemed medically necessary.