

Case Number:	CM15-0014040		
Date Assigned:	02/02/2015	Date of Injury:	01/09/1995
Decision Date:	05/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/24/2015

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: New York

Certification(s)/Specialty: Internal 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:

The injured worker (IW) is a 53-year-old female who sustained an industrial injury on 01/09/1995. She has reported pain in the wrist, worse after driving or attempting repetitive use of the upper extremities. Pain is described as aching and burning in nature and rated an 8/10 in the right hand without medication. Symptoms continue to fluctuate in intensity and frequency depending on use of the hands. Diagnoses include carpal tunnel syndrome. Treatment to date includes topical and oral medications. In a progress note dated 12/18/2014. The treating provider reports the IW's symptoms are unchanged and her symptoms are still limited by pain. No examination was done at the time of the encounter. On 12/30/2014 Utilization Review non-certified a request for Flector patch 1.3 percent due to lack of documentation of effectiveness in relieving her pain with the medication, and lack of indication of the total number of patches to be dispensed to the worker. Chronic Pain, Topical Analgesics was cited. On 12/30/2014 Utilization Review non-certified, a request for Norco 10-325mg, noting the clinical information submitted for review fails to meet evidence-based guidelines for the requested service. The MTUS Chronic Pain, Opioids was cited. On 12/30/2014 Utilization Review non-certified a request for Topiramate 25mg tablet noting that without having any indication as to the total number of tablets being dispensed and without having indication this medication had been successful in reducing discomfort and improving her overall functional ability, the request cannot be supported at this time. The MTUS Chronic Pain, Topiramate (Topamax) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation demonstrates a recent urine drug screen, supporting evidence that the injured worker reports some pain relief with current medication, no side effects and exhibits no aberrant or nonadherent drug-related behaviors. With the demonstration of some improvement in function, the request for Norco 10-325mg is medically necessary.

Flector Patches 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Topical Analgesics Page(s): 111-113.

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

Decision rationale: MTUS states that topical NSAIDs are not recommended for neuropathic pain, but may be useful for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) . There are no long-term studies of their effectiveness or safety. Documentation indicates that the injured worker is diagnosed with Carpal Tunnel Syndrome with chronic ongoing wrist pain. The request for continued use of Flector patch 1.3 percent is not medically necessary by MTUS.

BioClusive dressing (4x5): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Database (<http://www.uptodate.com>).

Decision rationale: The instructions for administration of Flector patch directs that it is to be applied to intact, non-damaged skin. The edges of the patch may be taped down, if peeling occurs and if problems with adhesion persist, one may overlay the patch with a mesh-netting sleeve. As a result of the continued use of Flector patches not being approved, the request for BioClusive dressing 4 x 5 to apply the Flector patch is not medically necessary.

Topiramate 25mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Topiramate (Topamax).

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

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. The injured worker is diagnosed with Carpal Tunnel Syndrome, with complaints of ongoing wrist pain. Documentation fails to show evidence of diagnoses or objective findings on physical examination, to support that the injured worker's condition meets criteria for use of anti-epileptic drugs. The request for Topiramate 25mg tablet is not medically necessary.