

Case Number:	CM15-0140403		
Date Assigned:	07/30/2015	Date of Injury:	02/05/2010
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 63 year old female who sustained an industrial injury on 02/05/2010. The injured worker did mainly computer and phone work and she developed pain on the right upper extremity and eventually pain in the left upper extremity numbness and tingling. Diagnosis is Carpal Tunnel Syndrome. Comorbidities include diabetes, hypertension, and cirrhosis of the liver. Treatment to date has included diagnostic studies, medications, brace for the 4th finger, acupuncture, physical therapy, a home exercise program, corticosteroid injections to the right wrist and right carpal tunnel release on 09/12/2012, endoscopic right carpal tunnel release and right de Quevain's release in 2012 and 2 surgeries in the right wrist (undated) which helped but still has numbness and tingling along the right thumb and 1st and 2nd fingers. Her medications include Diclofenac Sodium 1.5% topically three times a day, Trazodone 50mg, Topiramate-Topamax, and Venlafaxine Hcl ER. There is an unofficial report of an Electromyography and Nerve Conduction Velocity done on 07/29/2014 that revealed normal electrodiagnostic study of the bilateral upper extremities. She is currently working. A physician progress note dated 06/24/2015 documents the injured worker complains of bilateral upper extremity pain. Her medications help with the pain and function. On 05/08/2015, she reports her pain is gradually worsening. She is having pain radiating in into her bilateral thumb and index fingers associated with numbness and tingling. Her left ring finger also gets stuck at times, and she has problems with typing. She also states she is depressed and having difficulty concentrating. She has full range of motion in both wrists. She has a positive right Tinel and decreased sensation over the right index and thumb fingers. She has some difficulty with the

range of motion of the third digit on the left. The treatment plan includes Trazodone 50mg #90 and Venlafaxine Hcl ER 37.5mg #120. Treatment requested is for Diclofenac sodium 1.5% 60gm, #1, and Topiramate-Topamax 25mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% 60gm, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Diclofenac sodium 1.5% 60gm, #1 gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Diclofenac sodium 1.5%. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Diclofenac sodium 1.5% is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Diclofenac sodium 1.5% 60gm, #1 gel is not medically necessary.

Topiramate-Topamax 25mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. It is recommended after other anticonvulsants failed. Within the documentation available for review, there is no indication that the patient has failed first-line anticonvulsant therapy prior to the prescription of Topamax. Antiepileptic drugs should not be abruptly discontinued but unfortunately, there is no provision to modify the current request. As such, the currently requested topiramate (Topamax) is not medically necessary.