

Case Number:	CM15-0194720		
Date Assigned:	10/08/2015	Date of Injury:	03/19/2012
Decision Date:	11/19/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 3-19-12. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-28-15 indicated the injured worker was in this office for a follow-up visit. The provider documents there are no acute changes to his pain condition. He reports to have pains in both his upper extremities. He reports that he is having pain that starts in his wrists, goes to his elbows and into his shoulders. He reports he had a surgical consult and surgery has been recommended for his right hand, but did not recommend surgery for the left side. He reports he continues to have symptoms in his upper extremities but Topamax helps him sleep at night. He also takes Percocet once a day with benefit. He tolerates these well and denies any side effects. The provider documents "He notes his pain comes and goes and is not related with activities. He reports his pain as 5 out of 10 on VAS pain scale today with medications for a few hours." He is not working at this time as modified work duty is not available. The provider documents "He continues to complain of pain in his right hand and the EMG-NCV study suggests mild carpal tunnel and ulnar nerve neuropathy versus C6 radiculopathy. Patient has tried splinting and it increased the pain. He does not want injections and NSAIDs have not helped." He recommends the injured worker go with the cubital tunnel surgery recommended by the surgeon and he is awaiting authorization. His surgical history to date includes 5-2015 stent placement put in for heart attack (heart attack also in 2005); 1990 right eye surgery. The provider notes an EMG-NCV study of the upper extremities done 3-10-14 conclusion "There is no electrical evidence of mild right carpal tunnel

syndrome and an ulnar neuropathy at the right elbow. There is no electrical evidence of a superimposed cervical radiculopathy or brachial plexopathy to otherwise explain his symptoms. Clinically, his dorsal forearm symptoms are more suggestive of tendinitis or a C6 radiculopathy than a pinched nerve in the wrist or elbow. If wrist splinting, NSAIDs and changes in ergonomics do not relieve his symptoms, MRI of the cervical spine could be considered to rule out C6 radiculopathy, which can be difficult to detect on EMG when the symptoms are mainly sensory." There is no MRI of the cervical spine submitted with this documentation. The injured worker is on Plavix and would have to be off this medication in order to move forward with surgery for the right cubital tunnel as suggested. PR-2 notes dated 2-26-15 is the first documentation submitted prescribing Topamax for 2015. A Request for Authorization is dated 10-5-15. A Utilization Review letter is dated 10-2-15 and non-certification for one prescription for today and another for DNF for 10-24-2015, Percocet 5-325mg 1 po qd-bid prn #60 and then for one prescription for today and another for DNF for 10-24-2015, Topamax 100mg 11 po qhs #60 to help with neuropathic pain as well as with weight loss. A request for authorization has been received for one prescription for today and another for DNF for 10-24-2015, Percocet 5-325mg 1 po qd-bid prn #60 and then for one prescription for today and another for DNF for 10-24-2015, Topamax 100mg 11 po qhs #60 to help with neuropathic pain as well as with weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rx for today and another for DNF for 10/24/2015, Topamax 100mg 11 po qhs #60 to help with neuropathic pain as well as with weight loss: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines supports the use of Topamax as a second line drug if first line drugs fail. It is clearly documented that the first line drug Gabapentin has failed with a prior trial. The Topamax is documented to benefit pain and in particular be helpful with pain related insomnia. This individual has a neuropathic pain syndrome and the Topamax meets Guideline criteria for continued use in these circumstances. Therefore this request is medically necessary.

1 Rx for today and another for DNF for 10/24/2015, Percocet 5/325mg 1 po qd-bid prn #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines supports the use of opioid medications if there is meaningful pain relief, support of function and the absence of drug related aberrant behaviors. This individual meets these criteria given the relatively minimal use of opioids. Much of the documentation of functional benefits are not specific to this patient, but the limited dosing should have influence on the documentation that is necessary. It is clearly documented that he is willing to work modified duties which is not available. There are no hints of drug related aberrant behaviors. Under these circumstances, the 1 Rx for today and another for DNF for 10/24/2015, Percocet 5/325mg 1 po qd-bid prn #60 and is medically necessary. If use accelerates this can be re-reviewed for continued compliance with Guidelines.