

Case Number:	CM15-0047137		
Date Assigned:	03/19/2015	Date of Injury:	10/01/2011
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/12/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56 year old female who sustained a cumulative industrial injury on October 1, 2011. Prior treatments included physical therapy, home exercise program, heat therapy, yoga classes, chiropractic therapy sessions and psychological treatment. Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the upper extremities performed in July 2013 were documented as normal. The injured worker was diagnosed with bilateral upper extremity overuse syndrome, bilateral shoulder pain, poor coping skills and sleep disturbance. According to the primary treating physician's progress report on January 23, 2015, the patient continues to experience worsening of her bilateral upper extremity with tingling to the fingertips and headaches. Examination of the cervical spine noted guarding. Current medications are listed as Topiramate and Sertraline. Treatment plan consists of heat therapy, home exercise program and current medication regimen with requested authorization for LidoPro topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 21, 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Topiramate drug information and preventive treatment of migraines in adults.

Decision rationale: Topiramate may be used in migraine headache prophylaxis and for treatment of epilepsy. A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document any prior migraines or efficacy of this medication or whether this medication is being used for migraines or chronic pain. The records do not document medical necessity for topiramate. Therefore, the requested treatment is not medically necessary.

Lidopro 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57, 112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. Lidopro consists of capsaicin/lidocaine/menthol/methyl salicylate. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records do not support medical necessity for the prescription of lidopro in this injured worker.