

Case Number:	CM14-0126357		
Date Assigned:	09/23/2014	Date of Injury:	02/28/2013
Decision Date:	10/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 34-year-old male with a 2/28/13 date of injury. The patient slipped and fell on a wet floor, landing on his back. He believes that he hit his head and had a transient loss of consciousness. According to a progress report dated 7/7/14, the patient complained of intermittent headaches, but he has been able to tolerate them. He reported continued neck pain radiating to upper extremities with numbness, grip issues, and sensitivity. He stated that his medications help with pain, headaches, sleep, and improve his activities of daily living. Objective findings: tenderness to palpation of cervical paraspinal muscles and trapezial muscles with hypertonicity, tenderness to palpation of lateral left elbow. Diagnostic impression: post-concussion syndrome, cervical degenerative disc disease, headache, epicondylitis, myofascial pain. Treatment to date: medication management, activity modification, TENS unit, home exercise program. A UR decision dated 7/21/14 denied the requests for Topiramate, Diclofenac, LidoPro ointment, and TENS patch. Regarding Topiramate, although neuropathic pain is evident and subjective benefit is noted, there is no evidence of objective functional improvement to support these subjective findings. Regarding Diclofenac, this medication is an "N" drug on the ODG formulary. There is no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a "Y" drug on the ODG formulary. Regarding LidoPro ointment, no commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Regarding TENS patch, there is no evidence noting prior use of a TENS unit in a clinical setting with resultant objective and functional improvement.

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 AED's.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. According to the reports reviewed, there is no documentation that the patient has had a trial of a first-line neuropathic agent, such as gabapentin. A specific rationale as to why the patient requires Topamax instead of a guideline-supported first-line medication for neuropathic pain was not provided. Therefore, the request for Topiramate 50mg #60 was not medically necessary.

Diclofenac 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. In the reports reviewed, there is no documentation that the patient has had a trial and failed a first-line NSAID. A specific rationale as to why the patient requires Diclofenac instead of a guideline-supported NSAID was not provided. Therefore, the request for Diclofenac 100mg #30 was not medically necessary.

Lidopro ointment 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation FDA (LidoPro)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the FDA, LidoPro is a topical cream containing capsaicin, lidocaine, menthol, and methyl salicylate. Lidocaine in a topical lotion form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Lidopro ointment 121gm was not medically necessary.

Tens Patch x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. The patient is noted to have previously used a TENS unit with benefit. However, the specific subjective and objective functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Because the medical necessity of the continued use of a TENS unit is not established, this associated request cannot be substantiated. Therefore the request for TENS patch x 2 was not medically necessary.