

<b>Case Number:</b>	CM14-0141279		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/17/2006
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 55-year-old female who reported an injury on 04/17/2006. The mechanism of injury was not provided. Diagnoses included sprains to the ankle, lumbar spine, shoulder, and thoracic spine. Past treatments were noted to include physical therapy. Diagnostic studies and surgical history were not provided. On 07/17/2014 the injured worker was seen for bilateral foot pain. The injured worker stated her left foot has more pain than her right. Overall, she was slowly improving with better tolerance to standing and walking. She felt physical therapy was helping. The patient continued to demonstrate increased pain and inflammation along bilateral plantar fascia. She was improving in flexibility along gastroc and Achilles tendon. The injured worker ambulated with straight cane, with decreased weight shifting along the left lower extremity, with left pelvis higher than right. The injured worker also presented with decreased heel strength and push off on left more than right. Medications were not provided. The treatment plan is for a Lumbar Epidural steroid injection Qty: 1, Menthoderm 120g Qty: 1, Tramadol ER 150mg Qty: 60, and Topiramate 100mg Qty: 60. The rationale was not provided within the documentation. The Request for Authorization was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural steroid injection Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): Page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, Page(s): 46.

**Decision rationale:** The request for Lumbar Epidural steroid injection Qty: 1 is non-certified. The injured worker has a history of lateral foot pain. The MTUS guidelines recommended the option of epidural steroid injections for the treatment of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing for patients who have not responded to initial conservative treatment. There is a lack of documentation of objective neurological findings consistent with lumbosacral based on the documentation reviewed. There is lack of documentation of imaging studies or electrodiagnostic testing to suggest nerve root impingement. The request does not meet the guidelines. As such, the request for Lumbar Epidural steroid injection Qty: 1 is non-certified.

**Menthoderm 120g Qty: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tropical Analgesics, Page(s): 111-113.

**Decision rationale:** The request for Mentoderm 120g Qty: 1 is non-certified. The injured worker has a history of bilateral foot and ankle pain. Mentoderm is indicated for temporary relief of minor aches and muscle pains associated with arthritis, simple back ache strains, muscle soreness and stiffness. It is a topical analgesic, largely experimental in use with few randomized control trials to determine efficacy or safety. The California MTUS Guidelines state topical analgesics are largely experimental. The injured worker's pain condition does not appear to be due to minor aches and muscle pains based on the documentation submitted. There is a lack of documentation of therapeutic or functional goals of the request, or the area to which it is to be applied. As such, the request is non-certified.

**Tramadol ER 150mg Qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Page(s): 16-17.

**Decision rationale:** The request for Tramadol ER 150mg Qty: 60 is non-certified. The injured worker has a history of bilateral foot pain. The California MTUS Guidelines state tramadol is a centrally acting synthetic opioid analgesic. The California MTUS Guidelines recommend opioid treatment with documentation of functional goals. There is a lack of documentation indicating

the need for a long term opioid analgesic. The guidelines also state for monitoring and evaluating of functional improvement. There is lack of documentation of side effects supporting the use of tramadol at this time. There is a lack of documentation of the pain relief from said medication. There was a lack of frequency within the request. As such, the request is non-certified.

**Topiramate 100mg Qty: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Integrated treatment/disability duration guidelines pain Chronic Anti-epilepsy drugs (AEDs) for Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (EADs) for pain

**Decision rationale:** The request for Topiramate 100mg Qty: 60 is non-certified. The injured worker has a history of bilateral foot pain. The California MTUS recommend antiepilepsy drugs for neuropathic pain, which is pain to due to nerve damage. The Official Disability Guidelines recommend the use of anticonvulsant medications for the treatment of neuropathic pain. Topiramate has been shown to have variable effectiveness in the treatment of neuropathic pain, and is recommended for neuropathic pain when other anticonvulsants have failed. There is a lack of documentation of neuropathic pain. There were no ongoing symptoms or objective findings for the injured worker having received anticonvulsants. There is a lack of frequency within the request. As such, the request is non-certified.