

Case Number:	CM14-0161612		
Date Assigned:	10/07/2014	Date of Injury:	12/13/2013
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 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:

The injured worker is a 23-year-old male who reported an injury on 12/13/2013. The mechanism of injury was not provided. On 02/01/2014, the injured worker presented with complaints of ongoing pain. The diagnoses were back pain and lumbosacral or thoracic neuritis/radiculitis unspecified. The physical examination was unremarkable. Medications included Naprosyn, Tramadol, Prilosec, and Medrol dose pack. The provider recommended Topiramate, Methoderm, and Bupropion. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

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

Decision rationale: The request for topiramate 25 mg #60 is not medically necessary. California MTUS Guidelines state that topiramate has been shown to be effective for diabetic painful neuropathy or postherpetic neuralgia and has been considered a first line treatment for

neuropathic pain. 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 depend on improved outcomes versus tolerability and adverse effects. There is a lack of documentation of treatment history or length of time the injured worker has been prescribed topiramate. The efficacy of the medication has not been documented. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Menthoderm 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The request for Mentoderm 120 gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The Guidelines state that Lidoderm is the only topical form of lidocaine approved. There is a lack of documentation that the injured worker has failed a trial of antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the frequency of the medication or the site it is indicated in the request as submitted. As such, medical necessity has not been established.

Buproprian 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

Decision rationale: The request for bupropion 150 mg #30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessments of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of analgesic medications, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance, should be assessed. The optimum duration of treatment is not known because most of blind trials have been of short duration between 6 to 12 weeks. There is a lack of evidence of an objective assessment of the injured worker's pain level. The frequency of the medication was also not provided in the request as submitted. As such, medical necessity has not been established.