

Case Number:	CM14-0176429		
Date Assigned:	10/29/2014	Date of Injury:	02/14/2014
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Practice 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 45 year old male claimant who sustained a work injury on 2/14/14 involving the left upper extremity. He was diagnosed with a left hand crushing injury, and shoulder strain. In addition, he had a diagnosis of hypertension and gastritis. A progress note on 10/6/14 indicated the claimant had 6/10 pain. Exam findings were notable for inability to make a fist with the left 2rd finger. He was continued on a TENs unit, Tylenol and Topamax for pain and paraffin. A subsequent request was made for use of topical Dendracin as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (received on 9/5/14) 1 prescription of Dendracin Lotion #120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Non-steroidal antiinflamm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Dendracin consists of topical NSAID- methyl salicylate/benzocaine/menthol. Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Although other topical NSAIDs such as Voltaren have been studied for arthritis of the hand, Dendracin and Methyl Salicylate have not been studied. In addition, there is no indication of osteoarthritis of the hand. The request is not medically necessary.

Retrospective (received on 9/5/14) 1 prescription of Topiramate 25mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. Anti-epileptics have been recommended for pain due to nerve damage. In this case, the response to Topamax is unknown. Other medications have been better studied and provide greater efficacy than Topamax (Topiramate). In addition, the details of the neuropathy or nerve damage are not specified. The request is not medically necessary.