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| Case Number: | CM14-0176769 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 12/06/2012 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/17/2014 |
| 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 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 case is a 45 year old male with a date of injury on 12/6/2012. A review of the medical records indicates that the patient has been undergoing treatment for right knee pain and low back pain. Subjective complaints (3/13/2014) include 5-6/10 pain to low back and elevates to 8/10 and (8/4/2014) include 6/10 pain to low back and right knee, and reports 30% improvement of pain with medications. Objective findings (8/4/2014) include antalgic gait, lumbar spasms, and tenderness to right knee. Treatment has included acupuncture (6+ sessions), ultrasound therapy (unknown number of sessions), TENS unit, topical analgesic, and home exercise program. A utilization review dated 10/17/2014 non-certified the following- Retrospective request for Topiramate 25mg #60 on 9/10/14 due to lack of indication- Retrospective request for Dendracin cream 120gm #1 on 9/10/14 due to agent not shown to be safe or effective as other substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #60 dispensed on 9/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax); Antiepileptic Drugs Page(s): 113; 21.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax, "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Retrospective request for Topiramate 25mg #60 on 9/10/14 is not medically necessary.

Dendracin cream 120gm #1 dispensed on 9/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals, Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals Page(s): 111-113; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: Dendracin is a compound topical medical containing methyl salicylate, benzocaine, and menthol. MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." ODG is silent with regards to topical benzocaine. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this request, menthol is not indicated. Since one component is non-recommended, the whole compound medication is not recommended. As such, the request for Retrospective request for Dendracin cream 120gm #1 on 9/10/14 is not medically necessary.