

Case Number:	CM14-0176982		
Date Assigned:	10/30/2014	Date of Injury:	02/24/2011
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
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 Physical Medicine & 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 54 years old male claimant sustained a work injury on 2/24/11 involving the left hand. He was diagnosed with a left middle finger laceration / amputation, a left ring finger avulsion, left ring finger scapholunate fracture and chronic pain. He had surgical repair of the injuries and further debridement and synovectomy on 7/20/11. A progress note on 9/26/14 indicated the claimant had continued left hand pain. Exam findings were notable for an absent left middle finger. He had been on Cymbalta for over a year and was given Topamax 50 mg BID for pain. In addition he was continued on Gabapentin and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Topiramate/Topamax 50 mg # 40 with one refill, prescribed on 9/26/14: Upheld

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

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). The claimant was already on Gabapentin- another anti-epileptic for the same purpose. In addition, the details of the neuropathy or nerve damage are not specified. The Topiramate is not medically necessary.

Duloxetine/Cymbalta 60mg # 30 with 5 refills, prescribed on 9/26/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-14.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of hand pain. The claimant had been on Cymbalta for a year. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks).) Long-term effectiveness of anti-depressants has not been established. The continued use is not supported by any evidence and is not medically necessary.