

Case Number:	CM14-0181544		
Date Assigned:	11/06/2014	Date of Injury:	02/26/2011
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/19/14 note reports pain in the left ankle. There is increased swelling. Standing or walking aggravates the pain. MRI of left ankle from 1/13/13 noted thickening of the proximal plantar fascia with large bony spur. Strength was 5/5. Skin exam was reported as normal. There was swelling of the ankle. Topiramate and capsaicin cream were requested. 9/5/14 note indicated left ankle reconstruction on 8/6/13. Pain was aggravated by activity. Topomax at bedtime was reported to help pain. Examination noted normal tone and no rashes on skin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Capsaicin .075% Cream Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical Page(s): 28-29, 112-13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, topicals Page(s): 111.

Decision rationale: The medical records report pain in the ankle with swelling. There is no documentation of a topical hyperesthesia or other neuropathic pain symptoms. MTUS supports topical analgesics for neuropathic pain. As neuropathic pain is not documented, the capsacian cream is not supported as medically necessary congruent with MTUS guidelines.

Retro: Topiramate-Topamax 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 11.

Decision rationale: The medical records report pain in the ankle with swelling. There is no documentation of a topical hyperesthesia or other neuropathic pain symptoms or diagnosis of a neuropathic pain condition. MTUS supports antiepilepsy drugs for neuropathic pain. As neuropathic pain is not documented, the Topamax is not supported as medically necessary congruent with MTUS guidelines.