

Case Number:	CM14-0094050		
Date Assigned:	07/25/2014	Date of Injury:	03/16/2006
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/20/2014

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 44-year-old female who was injured on March 16, 2006 due to an undisclosed mechanism of injury. According to the most recent progress note, there are ongoing complaints of pain. Pain is rated 4/10, with numbness and tingling in the right upper extremity. She also has radiating pain from the right ear all the way down to her right fingers. The current diagnosis is chronic pain syndrome and shoulder sprain/strain. On exam of the bilateral upper extremities, there is allodynia and limited bilateral shoulder abduction. Hyperesthesia over the right hand and wrist is noted. Examination of the cervical paraspinal muscles reveals spasm with tenderness over trapezius and supraspinatus muscles. A progress note dated April 29, 2014 noted the injured workers physical exam was unchanged and placed on modified duty (to include no use of the right hand) effective May 07, 2014. The prior utilization review determination dated June 17, 2014 resulted in being not medically necessary of Topamax and Ibuprofen. Another review dated January 29, 2014 certified Topamax to allow for measuring its efficacy and functional benefit as well as medication compliance. It is also noted that a timeframe should be set for downward titration of Topamax and complete discontinuation of the medication. The request is for Topamax and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin, Dosing.

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

Decision rationale: Anti-Epilepsy drugs are recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy. There are few RCTs directed at central pain and none for painful radiculopathy. Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. In this case, there is no documentation of trial and failure of first line therapy of Gabapentin or Lyrica therefore, the request for Topamax is not medically necessary.

Ibuprofen 600mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Non-steroidal anti-inflammatory medications (NSAIDs) are recommended for osteoarthritis including knee and hip, at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal or cardiovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. In this case, there is no documentation of osteoarthritis in this injured worker. There is no documentation of any significant improvement in pain level or function with prior use therefore, this request is not medically necessary.