

Case Number:	CM14-0057307		
Date Assigned:	07/09/2014	Date of Injury:	08/17/2006
Decision Date:	06/09/2015	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 53-year-old female who sustained an industrial injury on 08/17/2006. She reported neck pain, right upper extremity pain, and low back pain. The injured worker is seen on 04/02/2014 in follow-up for persistent neck and low back pain, also intermittent headaches status post traumatic brain injury. Treatment to date has included oral, transdermal, and topical medications. She states her current regimen brings her pain from a 9/10 to a 4/10 to 5/10 allowing her to walk for exercise and carry out activities of daily living with no adverse side effects. Her current medications include Duragesic patch 50 mcg q 2 days. (apotex brand causes rash), percocet 10/324 four a day, Keppra 500 mg Bid, topamax 100 mg, daily, 50 mg po at bedtime, Lorazepam and Effexor (psychiatric medications per her psychiatrist) Nuedexia, Colace 100 mg 3-4 daily as needed, and fioricet 1-2 daily as needed. She is displaying no aberrant drug behaviors. One of the brands of Duragesic patches she occasionally gets causes a skin rash, so a prescription of Triamcinolone 1% dermal cream is prescribed to have when it happens again. Medications dispensed are 1 Prescription for Triamcinolone 1% derm cream 120gm, 1 Prescription of Topamax 100mg #60, 1 Prescription of #60, 1 Prescription of #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Triamcinolone 1% derm cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92. Decision based on Non-MTUS Citation Diagnosis and Management of Contact Dermatitis RICHARD P. USATINE, MD, and MARCELA RIOJAS, MD, University of Texas Health Science Center, San Antonio, Texas Am Fam Physician. 2010 Aug 1;82(3):249-255.

Decision rationale: In this case, the claimant had chronic pain for which she was on a Duragesic patch. The patch had created a rash for which Triamcinolone was recommended. Duragesic is not 1st line for pain management. The claimant was on Percocet as well as Duragesic. Alternative use of long-acting medication orally (opioid or non-opioid) was not considered prior to continuing Duragesic. The claimant had been on Duragesic for years. The continued use of Duragesic is not justified. In addition, the physical exam does not show a rash on the skin on 4/2/14. Therefore, need for topical steroids such as Triamcinolone is not medically necessary.

1 Prescription of Topamax 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anti-epilepsy drugs (AEDs).

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

Decision rationale: Topamax is an anti-epileptic that can also be used for neuropathic pain. In this case, the claimant was under the care of a neurologist since at least 2012. Prior medication including Keppra were used for atypical seizure like activity. The claimant had been on Topamax for years with good control of her seizures along with Keppra. The continued use is justified by the clinical response and ongoing care by a neurologist. The Topamax 100 mg is medically necessary.

1 Prescription of Topamax 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anti-epilepsy drugs (AEDs).

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

Decision rationale: Topamax is an anti-epileptic that can also be used for neuropathic pain. In this case, the claimant was under the care of a neurologist since at least 2012. Prior medication including Keppra were used for atypical seizure like activity. The claimant had been on Topamax

for years with good control of her seizures along with Keprra. The continued use is justified by the clinical response and ongoing care by a neurologist. The Topamax 50 mg is medically necessary.