

<b>Case Number:</b>	CM14-0071755		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/27/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 39 year old male, who sustained an industrial injury on September 27, 2009. The injured worker has been treated for head, jaw and hand complaints. The diagnoses have included dislocation of the jaw, wrist/hand pain, closed head injury and first degree chest burn. Treatment to date has included medications, radiological studies, transcutaneous electrical nerve stimulation unit and a home exercise program. Current documentation dated May 2, 2014 notes that the injured worker reported left hand pain rated a seven out of ten on the visual analogue scale. The injured worker was noted to be mood appropriate. No detailed physical examination was provided. The treating physician's plan of care included a request for Sumatriptan, Topiramate and LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Sumatriptan 50mg #9: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Head Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Tryptans.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Sumatriptan 50 mg #9 is not medically necessary. Tryptans recommended for migraine sufferers. All oral Tryptans are effective and well tolerated. For additional details, see the attached link. In this case, the injured worker's working diagnoses are jaw dislocation; wrist/hand; and closed head injury. There is no diagnosis of migraine headaches in the medical record. There are no symptoms or signs of migraine headache documented in medical record. Reportedly, the injured worker was seen in consultation by neurology. There was no diagnosis of migraine headache. Tryptans recommended for migraine sufferers. Consequently, absent clinical documentation with the diagnosis of migraine headache, Sumatriptan 50 mg #9 is not medically necessary.

### **1 Prescription of Topiramate 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Convulsants Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-Convulsants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Topiramate 50 mg #60 is not medically necessary. Topiramate is an anti-epilepsy drug. Topiramate is recommended for neuropathic pain but not somatic pain. Topiramate is indicated for use for neuropathic pain when other anticonvulsants failed. See the Guidelines for additional details. In this case, the injured worker's working diagnoses are jaw dislocation; wrist/hand; and closed head injury. There are no neuropathic symptoms or signs documented in the medical record. In the April 15, 2015 progress note, subjective symptoms included gum pain 4/10 improved with "salt gargling". Objectively, there were no clinical findings in the documentation. Topiramate is a second line drug indicated for neuropathic pain. Consequently, absent documentation with neuropathic symptoms or signs, Topiramate 50 mg #60 is not medically necessary.

### **1 Prescription of Lido Pro cream 4oz # 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro cream # 4 ounces is not medically necessary. Topical analgesics

are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are jaw dislocation; wrist/hand; and closed head injury. There are no neuropathic symptoms or signs documented in the medical record. There is no evidence of first-line treatment failure with anticonvulsants and antidepressants. Capsaicin 0.0375% is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (topical lidocaine in non-Lidoderm form and Capsaicin 0.0375%) that is not recommended is not recommended. Consequently, Lidopro cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro cream #4 ounces is not medically necessary.