

Case Number:	CM15-0002435		
Date Assigned:	01/13/2015	Date of Injury:	09/25/2012
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 25, 2012. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for a trolamine salicylate cream, failed to approve a request for Avinza, and failed to approve a request for Topamax. The claims administrator referenced a December 10, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a December 10, 2014 progress note, the applicant reported issues with carpal tunnel syndrome, depression, complex regional pain syndrome, anxiety, and neuritis. The applicant's medication list included the trolamine salicylate cream, Avinza, Colace, Dilaudid, Norco, Lyrica, Medrol, and Topamax, it was acknowledged. The applicant stated that she was deriving 60% pain relief from Norco. The applicant did report issues with dizziness, depression, insomnia, and poor memory. Medrol, Topamax, Lyrica, Dilaudid, Norco, and the trolamine salicylate compounds were endorsed while the applicant was kept off of work, on total temporary disability. OxyContin was endorsed for severe pain. The applicant was described as having difficulty using her hands. In a progress note dated July 10, 2014, the applicant was again described as using Lyrica, Medrol, Norco, and Topamax, several of which were refilled. Moderate-to-severe pain complaints were noted. The applicant was having difficulty performing activities of daily living as basic as gripping, grasping, and reaching overhead. The applicant had undergone earlier carpal tunnel release surgery but reported ongoing symptoms of paresthesias. In a September 23, 2014 progress note, the applicant was again described as using

trolamine salicylate, Dilaudid, Lyrica, Medrol, Norco, and Topamax. Once again, the applicant reported severe, constant pain. The applicant stated that she was miserable owing to her pain complaints about the hands and wrists. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Rx 12/10/14 Analgesic (Trolamine Salicylate) 10% Topical Cream x 3 months of refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates topic; Functional Restoration Approach to Chronic Pain Management section Pa.

Decision rationale: No, the trolamine salicylate cream, a topical salicylate, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as the article at issue are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability. The applicant continues to report complaints of severe hand and wrist pain. The applicant continues to report difficulty with gripping and grasping chores. Ongoing usage of trolamine salicylate has failed to curtail the applicant's dependence on opioid agents such as Avinza and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Topamax 25mg #60 x 3 months refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16.

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

Decision rationale: Similarly, the request for Topamax (topiramate), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is still considered for use for neuropathic pain in applicants in whom other treatments fail, in this case, however, the attending provider concurrently provided the applicant with both Topamax and Lyrica for neuropathic pain on the office visit in question,

December 10, 2014. The applicant's concurrent usage of Lyrica, thus, effectively obviated the need for Topamax (topiramate). Therefore, the request was not medically necessary.

Avinza 60mg ER #30 x 3 months of refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the Use of Opioids, Therapeutic Trial of Opi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: Similarly, the request for Avinza, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of opioids such as Avinza. The applicant continued to report complaints of severe, constant pain on or around the date in question. While some of the attending provider's progress notes did recount some reduction in pain scores effected as a result of ongoing opioid therapy, these are, however, outweighed by the applicant's failure to return to work and the applicant's continued difficulty performing activities of daily living as basic as gripping, grasping, lifting, reaching, etc. Therefore, the request was not medically necessary.