

Case Number:	CM15-0012961		
Date Assigned:	01/30/2015	Date of Injury:	04/12/2010
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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 injured worker is a 44 year old male, who sustained an industrial injury on April 12, 2010. He has reported injury to the right side groin and leg region. The diagnoses have included inguinal hernia, and neuropathic right groin pain. Treatment to date has included physical therapy, medications, radiological imaging, and bilateral inguinal hernia repair. Currently, the IW complains of continued groin pain despite hernia repair. The records indicate he had a computed tomography scan of the pelvis on April 2, 2014, which revealed a small right inguinal hernia, and on October 1, 2014, a magnetic resonance imaging showed a recurrent hernia. Current physical findings indicate he has constant right groin pain with radiation into the hip. He had increased pain with internal and external rotation of the right hip. On January 7, 2015, Utilization Review non-certified Topamax 25 mg, quantity #60, and neuropathic pain cream 300 grams, quantity #1, based on MTUS guidelines. On January 22, 2015, the injured worker submitted an application for IMR for review of Topamax 25 mg, quantity #60, and neuropathic pain cream 300 grams, quantity #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg, QTY: 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 Topiramate (Topamax, no generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8.

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 12, 2010. In a Utilization Review Report dated January 7, 2013, the claims administrator failed to approve a request for Topamax and a neuropathic cream reportedly dispensed and/or prescribed on December 30, 2014. A variety of MTUS and non-MTUS guidelines were involved. The applicant's attorney subsequently appealed. On December 2, 2014, the applicant's treating provider appealed previously denied medications. The treating provider stated that the applicant's medications were beneficial. The treating provider stated that the applicant's medications were warranted. The treating provider stated that the applicant would be nonfunctional without his medication. This was neither elaborated nor expounded upon, however. On October 1, 2014 progress note, the applicant reported ongoing complaints of groin pain. The applicant was given a primary diagnosis of hernia. Gralise (gabapentin) and BuTrans were endorsed. The applicant did have a history of previous herniorrhaphy surgery, it was acknowledged. The remainder of the file was surveyed. The December 30, 2014 progress note on which the article in question was furnished does not appear to be incorporated into the independence medical review packet. REFERRAL QUESTIONS: 1. No, the request for Topamax (topiramate), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Guideline does acknowledge that topiramate or Topamax can be considered for neuropathic pain when other anticonvulsants fail, in this case, however, the evidence on file did not establish the failure of gabapentin (Gralise), an anticonvulsant adjuvant medication previously prescribed on October 1, 2014. No rationale for introduction of Topamax on or around December 30, 2014 was furnished by the attending provider. The December 30, 2014 office visit on which the article in question was sought was not incorporated into the independent medical review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 21, Topiramate topic

Neuropathic pain cream 300gms, QTY: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26.

Decision rationale: 2. Similarly, the request for an unspecified neuropathic pain cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical

compounds as a class, are deemed largely experimental. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable MTUS position on the article at issue, although it is acknowledge that the December 30, 2014 progress note on which the article in question was sought was not incorporated into the independent medical review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

REFERENCES:MTUS Chronic Pain Medical Treatment Guidelines, page 111, Topical Analgesic's topic.