

Case Number:	CM15-0117601		
Date Assigned:	06/25/2015	Date of Injury:	09/24/2010
Decision Date:	07/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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 is a 52 year old female with an industrial injury dated 09/24/2010. Her diagnoses included ankle pain, chronic pain syndrome, carpal tunnel syndrome and anxiety and depression. A comorbid diagnosis was hypercholesterolemia. Prior treatment included right ankle injection (moderate benefit), TENS unit and medications. She presents on 05/05/2015 for bilateral ankle pain. The injured worker stated the medications were helping reduce the pain and she denied any side effects. She noted the medications helped improve her function and allowed her to perform her daily activities with less pain. She rates the bilateral ankle pain as 6-8/10. She also notes numbness and tingling in hands. Physical exam of ankle and foot noted no swelling, no redness, and no bruising and well healed incisions over the right ankle. Left ankle stitches were intact without any signs of infection. There was limited range of motion secondary to pain. She ambulated with a single crutch. Her medications included Dexilant, Multivitamins, Vicodin, Cymbalta, and Topamax. The treatment plan consisted of medications, acupuncture and continuing physical therapy. The provider documented urine drug screen was negative for opiates on 04/10/2015. The injured worker had run out of medications a couple of days prior. This request is for retro Cymbalta delayed release 60 mg #30, retro Topamax 100 mg #30, retro Vicodin 7.5 mg 17 tablets and retro Vicodin 7.5 mg 300 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Topamax 100mg #30: Upheld

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

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

Decision rationale: Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the claimant's pain was not of central etiology. Failure of other neuropathy medications was not noted and the claimant was already on Cymbalta for neuropathic pain. The use of Topamax was not justified and not medically necessary.

Retro Vicodin 7.5mg 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin for several months. Pain scores were not noted. Failure of Tylenol or NSAIDs was not noted. The Vicodin was not medically necessary.