MAXIMUS Federal Services

Case Number:	CM15-0121442		
Date Assigned:	07/02/2015	Date of Injury:	02/17/2000
Decision Date:	09/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
Certification(s)/Specialty: Emergency 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 60 year old female who sustained an industrial injury on 02/17/2000. Current diagnosis includes cervical herniated nucleus pulposus. Previous treatments included medications, and muscle stimulation unit. Previous diagnostic studies were not included for review. Report dated 05/04/2015 noted that the injured worker presented with complaints that included continue cervical spine pain, the remainder of the subjective complaints where hard to decipher. Pain level was not included. Physical examination was positive for tenderness to palpation and decreased range of motion in the cervical spine, the remainder of the objective findings where hard to decipher. The treatment plan included the need for medications ASAP, requests included Xanaflex, Lidoderm patches, Topamax, and ibuprofen. The injured worker is currently not working. Medical records indicate that the injured worker is seen monthly for follow-up. Disputed treatments include Lidoderm patches and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57 and 111-112.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. "Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The documentation submitted does not provide a detailed evaluation of the use of any first-line therapy medications referenced above, also the documentation provided did not support a diagnosis of neuropathic pain or post-herpetic neuralgia. Also, the treating physician's request did not include the concentration, site of application, or directions for use. Therefore the request for Lidoderm Patches, #60 is not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs-Topiramate (Topamax) Page(s): 21.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Topamax. "Topiramate (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." The medical records submitted for review did not support that the injured worker has neuropathic pain, nor did the records include trial and failure of other anticonvulsant medications. The request did not include dosing or frequency. Therefore the request for Topamax 50mg, #60 is not medically necessary.