

Case Number:	CM15-0076584		
Date Assigned:	04/28/2015	Date of Injury:	03/08/2010
Decision Date:	05/29/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 3/08/2010. Diagnoses include cervical pain/cervicalgia, myofascial pain syndrome/fibromyalgia and encounter long use medications NEC. Treatment to date has included diagnostics including electrodiagnostic studies and medications. Per the Primary Treating Physician's Progress Report dated 2/02/2015, the injured worker reported neck pain with radiation to the right arm. She also reported shoulder pain. Pain is rated as 6/10 with medications and 10/10 without medications. Physical examination revealed tenderness to the cervical spine with decreased ranges of motion. There was tenderness to the lumbar spine at the facet joints with decreased ranges of motion. The plan of care included medications and authorization was requested for Topamax and Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topomax (unspecified dosage/qty): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topiramate (Topamax), antiepileptic drugs Page(s): 16-17, 21.

Decision rationale: The patient was injured on 03/08/10 and presents with neck pain with radiation of pain to the right arm and upper back pain. The request is for TOPAMAX (UNSPECIFIED DOSAGE/QTY). The utilization review determination rationale is that "there is no documentation of exhausted first-line recommendations that would support the medical necessity of the requested medication." There is no RFA provided and the patient is permanently disabled. The patient has been using this medication as early as 08/13/14. Regarding topiramate (Topamax), MTUS Guidelines, page 21, states, "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy and neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines, pages 16 and 17, regarding antiepileptic drugs for chronic pain, also states that, "There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy." The patient is diagnosed with cervical pain/cervicalgia, myofascial pain syndrome/ fibromyalgia, and encounter long use medications NEC. In addition, she has nausea, insomnia, fatigue, anxiety, and depression. For the head and neck, she has a decreased range of motion and tenderness. She is tender at the lumbar spine, tender at the facet joints, and has a decreased lumbar spine range of motion. On 08/13/14, she rated her pain as an 8/10 with medications. On 10/19/14, she rated her pain as a 7/10 with medications. On 02/02/15, she rated her pain as a 6/10 with medications and a 10/10 without medications. MTUS Guidelines, page 60, requires documentation of medication efficacy in terms of pain reduction and functional gains when used for chronic pain. In this case, Topamax has provided the patient with pain relief as shown with the pain scales. The requested Topamax IS medically necessary.

Lidoderm 5% (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine (Lidoderm patch) Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 03/08/10 and presents with neck pain and upper back pain. The request is for LIDODERM 5% (UNSPECIFIED QTY). There is no RFA provided and the patient is permanently disabled. The patient has been using this medication as early as 02/02/15. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are

indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient is diagnosed with cervical pain/cervicalgia, myofascial pain syndrome/ fibromyalgia, and encounter long use medications NEC. In addition, she has nausea, insomnia, fatigue, anxiety, and depression. For the head and neck, she has a decreased range of motion and tenderness. She is tender at the lumbar spine, tender at the facet joints, and has a decreased lumbar spine range of motion. There is no indication of where these patches will be applied to. On 08/13/14, she rated her pain as an 8/10 with medications. On 10/19/14, she rated her pain as a 7/10 with medications. On 02/02/15, she rated her pain as a 6/10 with medications and a 10/10 without medications. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch IS NOT medically necessary.