

Case Number:	CM15-0096053		
Date Assigned:	05/26/2015	Date of Injury:	09/25/2007
Decision Date:	06/26/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old female, who sustained an industrial injury on 9/25/07. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, ulnar nerve lesion, and depressive disorder. Treatment to date has included medications including Norco, Topiramate, Cyclobenzaprine, and Terocin patches. The injured worker had been taking Topiramate and using Terocin patches since at least 1/2/15. Physician's reports dated 3/27/15 and 4/30/15 noted pain was rated as 5/10. Currently, the injured worker complains of neck pain with radiation to the right shoulder blade. The treating physician requested authorization for Topiramate 100mg #90 and Terocin patches 4-4% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 100 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: The claimant sustained a work injury in September 2007. She underwent bilateral carpal release surgeries. When seen, she was having bilateral elbow and moderately severe bilateral wrist pain. She had left-sided neck pain. Physical examination findings included decreased cervical spine and shoulder range of motion. There was elbow and wrist tenderness. Carpal compression testing, Phalen testing, and Tinel testing was positive bilaterally. There was decreased upper extremity strength and right upper extremity sensation. Medications include Topiramate prescribed at a dose of 100 mg per day. Antiepilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The dose being prescribed is within recommended guidelines and, although a higher dose could be considered, medications are providing some degree of pain relief. Therefore, ongoing prescribing was medically necessary.

Terocin patch 4-4% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: (1) Medications for chronic pain; (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in September 2007. She underwent bilateral carpal release surgeries. When seen, she was having bilateral elbow and moderately severe bilateral wrist pain. She had left-sided neck pain. Physical examination findings included decreased cervical spine and shoulder range of motion. There was elbow and wrist tenderness. Carpal compression testing, Phalen testing, and Tinel testing was positive bilaterally. There was decreased upper extremity strength and right upper extremity sensation. Medications include Topiramate prescribed at a dose of 100 mg per day. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.