

Case Number:	CM14-0140688		
Date Assigned:	09/10/2014	Date of Injury:	07/24/2011
Decision Date:	10/23/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 35 year old female who developed persistent low back pain subsequent to a fall on 7/24/11. Over time she developed pan-spinal pain that is rated from 3-8 visual analogue scale scores. No neurologic changes are noted. She has been treated with Chiropractic and Acupuncture. She is currently seen on a monthly basis for dispensing analgesics. There is no documentation of any rehabilitation attempts. There is no documentation of gastrointestinal problems. There is no documentation of the specific use patterns or benefits from the medications. There is no documentation of the ongoing use or benefits from a TENS unit. During a recent independent medical exam she did not recall the names of any of the medications and did not report on specific use other than a muscle relaxer twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg #60 (dos 8/15/14): Upheld

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

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

Decision rationale: The MTUS Guidelines only recommend Topiramate as a 2nd or 3rd line medication for neuropathic pain. The records do not support the presence of a neuropathic pain syndrome and there is no mechanism of injury that would generally lead to this conclusion. The use of Topiramate does not appear to be consistent with Guideline recommendations and 50mg. #60 is not medically necessary.

Tramadol ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term use Page(s): 88.

Decision rationale: The MTUS Guidelines supports the judicious use of Opioids if there are benefits to pain and functional levels. However, the Guidelines are very specific regarding the periodic screening necessary to justify ongoing use. These standards have not been met. The specific use patterns of the opioid are not documented i.e. when utilized, how much pain relief and for how long? Also, the specific functional improvements due to Opioid use are not documented. Under these circumstances the Tramadol ER 100mg. #30 is not consistent with Guidelines and is not medically necessary.

Menthoderm 120mg (4fl oz) (dos 8/15/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Page(s): 105.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compounded Medications.

Decision rationale: The MTUS Guidelines support the use of non-prescription topical counter irritants, however this particular product is dispensed as a specialty prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. The ODG specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Menthoderm Cream is not medically necessary.

TENS electrodes x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): page(s) 116..

Decision rationale: The MTUS Guidelines have very specific criteria for the use of TENS units for chronic pain. These criteria include documentation of the amount of use, how it is an adjunct to functional restoration, and how it diminishes the need for other treatments such as medications. None of these Guideline criteria have been met. Under these circumstances the ongoing use of a TENS unit is no Guideline supported and is not medically necessary.