

<b>Case Number:</b>	CM13-0002686		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/12/2000
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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:

The patient is a 39 year old female with date of injury 11/04/1999. Mechanism of injury was not stated in the medical records. The most recent primary treating physician' progress report, dated 12/04/2013 lists subjective complaints as continuing bilateral neck and lumbar spasm and pain. She describes her symptoms as sharp, pins and needles, stabbing, numbness, pressure, electrical/shooting, stinging, cramping, weakness and spasm. Her pain is aggravated by heat, cold, sitting, standing and walking. Objective findings: Bilateral paracervical tenderness, right side greater than left and bilateral paralumbar tenderness and spasm. Diagnosis: 1. Degenerative Final Determination Letter for IMR Case Number [REDACTED] 3 disc disease, lumbar 2. Sprain/strain of the neck 3. Thoracic outlet syndrome 4. Reflex sympathetic dystrophy. Patient claims she is unable to function and complete daily activities without medication. The records indicate the patient has been on the following medications since at least 06/26/2013: Topical Gaba 6%, Lido 5%, Keto 20% gel bid, Topamax 100mg tablets (Topiramate) 1 qd, Oxycontin 80mg Xr 12hour-tabs (oxycodone HCL) 2-3 bid, Flector 1.3 patch (Diclofenac Epolamine) 1 bid, Trazadone HCL 50 mg tabs (Cyclobezaprine HCL) 1-2 bid, Topamax 25 mg tabs (Topiramate) 1 1 q am.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPAMAX 100MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

**Decision rationale:** Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as gabapentin or pregabalin should be tried initially. The patient complains of central-type and radicular pain. The medical record lacks evidence that the patient has been tried on any first-line agents. Topamax is not medically necessary.

**FLEXERIL 10MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Flexeril is not medically necessary.

**FLECTOR 1.3% PATCH #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector patches.

**Decision rationale:** Flector patches are not recommended as a first-line treatment and are usually prescribed for acute strains, sprains, and contusions. There are no data that substantiates the efficacy of Flector beyond 2 weeks. In addition, Flector's side effect profile includes liver necrosis, jaundice, fulminant hepatitis, and liver failure. There is no record that the patient's liver enzymes have been assayed. Flector patches are not medically necessary.