

<b>Case Number:</b>	CM13-0023700		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	04/02/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of April 2, 2003. Treatment to date has included opioid and non-opioid pain medications, lumbar laminectomy, therapy, FRP, and home exercise program. A utilization review from September 4, 2013 denied the request for Restoril due to long-term use, tizanidine due to long-term use, Topamax due to unspecified quantity, and Tramadol due to unspecified quantity. Medical records from 2013 were reviewed showing the patient suffering from chronic back and leg pain status post lumbar laminectomy for a work-related herniated lumbar disk. The patient has an extensive treatment history. Medications have been noted to allow the patient to function and enable her to do activities of daily living. Physical exam demonstrated decreased range of motion for the lower back with no significant neurological findings for the lower extremities. The patient has been on Restoril, tramadol, tizanidine, and Topamax since January of 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESTORIL 7.5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009), BENZODIAZEPINES Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has been using this medication since January 2013 and has exceeded the recommended duration of use. Specific assessment of ongoing therapeutic benefit was not identified. Therefore, the request for RESTORIL 7.5 MG is not medically necessary.

**TIZANIDINE 2 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009), MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 63, 66.

**Decision rationale:** As stated on page 63 and 66 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine is FDA approved for the management of spasticity with an unlabeled use for low-back pain. Muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been using tizanidine since January 2013. The patient does not complain of spasticity or muscle spasms nor does the physical exam demonstrate any. Specific assessment of ongoing therapeutic benefit was not identified. Therefore, the request for TIZANIDINE 2 MG is not medically necessary.

**TOPAMAX 50 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009), ANTIPILEPSY DRUGS (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. Topamax has been shown to have a variable efficacy. It is still considered for neuropathic pain when other anticonvulsants fail. In this case, the patient did not demonstrate any neurological deficits or the lower extremities on physical exam. Specific assessment of ongoing therapeutic benefit was not identified. The patient has been taking this medication since January 2013. Therefore, the request for TOPAMAX 50 MG is not medically necessary.

**TRAMADOL 50 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009), OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using tramadol since January 2013 and has demonstrated improved functions such as ability to perform ADLs. However, the request does not specify a frequency and duration. Therefore, the request for TRAMADOL 50 MG is not medically necessary.