

Case Number:	CM13-0026694		
Date Assigned:	11/22/2013	Date of Injury:	04/21/2003
Decision Date:	02/11/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty Certificate in Pain Management, and is licensed to practice in Florida. 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 physician 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:

patient is a 49-year-old male who reported a work-related injury on 04/21/2003 due to a trip and fall. The patient is currently being treated for neck and low back complaints. Recent clinical documentation stated the patient presented for review of his urine drug screen and lab work. The patient reported that Fexmid was helping with his neck spasms and complained of dry mouth from the use of Norco. His medications included Norco, Neurontin, Fiorinal, Motrin, and Fexmid. Examination of the patient's cervical spine revealed tenderness to palpation over the paravertebral musculature and trapezius muscles with muscle guarding. Axial compression test and Spurling's test elicited increased pain. Range of motion of the cervical spine was decreased in all planes. Treatment plan included medication adjustment - discontinuing Neurontin 600mg and starting Topamax 25mg - and issuance of a replacement of the patient's neck collar for support and driving long distances. His prior collar was worn/frayed. The provider requested authorization for Fexmid 7.5 mg #60, Topamax 25 mg, and one replacement neck collar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41-42, 64.

Decision rationale: The clinical documentation submitted stated the patient began taking Fexmid in 05/2013. The patient reported in 08/2013 that the Fexmid was helping with his neck spasms. Cyclobenzaprine is recommended as an option, using a short course of therapy per California Chronic Pain Medical Treatment Guidelines. Guidelines state that treatment should be brief, and the addition of Cyclobenzaprine to other agents is not recommended. Guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. The clinical documentation submitted does not support the continued use of Fexmid 7.5 mg #60 for the patient. Therefore, request is non-certified.

Topamax 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax®) and Antiepilepsy drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Page(s): 16-18.

Decision rationale: California Chronic Pain Medical Treatment Guidelines indicate that after initiation of treatment with an antiepileptic drug, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The patient's Neurontin was discontinued on 08/16/2013, and he started Topamax 25 mg. There was no rationale provided for the change in medications. There was a lack of evidence of significant improvement in pain or function from prior Neurontin use in the submitted documentation. There was also no documentation submitted for pain relief and improvement in function after initiation of treatment with Topamax. Therefore, the decision for Topamax 25 mg is non-certified.

1 replacement neck collar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG), Neck and Upper Back Chapter, Collars (cervical).

Decision rationale: Recent clinical documentation stated the patient was issued a replacement neck collar for support and driving long distances and that his prior neck collar was worn and frayed. Per California MTUS Guidelines, a cervical collar is not recommended for more than 1 or 2 days. Official Disability Guidelines indicate that cervical collars may be appropriate where post-operative and fracture indications exist. The patient was noted to have a cervical/trapezial musculoligamentous sprain/strain. Guidelines indicate that cervical collars are not recommended

for neck sprains. Given the above, the decision for 1 replacement neck collar brace is non-certified.