

<b>Case Number:</b>	CM13-0060757		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Family Practice and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 07/08/2010. The mechanism of injury was a cumulative trauma from repetitive work. The patient's medication history indicated they had been on tramadol, a muscle relaxant, and an anti-epileptic drug as of 01/08/2013. The most recent documentation submitted with the request was dated 05/17/2013. The patient's diagnoses were noted to include chronic myofascial pain syndrome, cervical and thoracolumbar spine. The submitted request was for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 TABLETS OF TRAMADOL/APAP 37.5/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Opioids, Specific drug list: Tramadol, and O.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Page(s): 60, 78.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking

the medication for greater than 9 months as of the requested date of service. There is lack of documentation indicating the patient had an objective improvement in function and an objective decrease in the VAS score. There was documentation indicating the patient was being monitored for aberrant drug behavior and side effects. The request for 180 tablets of Tramadol/APAP 37.5/325mg is not medically necessary.

**120 tablets of Cyclobenzaprine 7.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation references for Cyclobenzaprine (Flexeril) and Antispasmodics found in Browning 2001, Clinical Pharmacology 2008, Tofferi 2004, Kinkade 2007, Chou 2004, Toth 2004, ICSI 2007, See 2008.

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

**Decision rationale:** California MTUS Guidelines indicate muscle relaxants are prescribed as a second-line option for short-term treatment of acute low back pain. The duration should be less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication for greater than 9 months. There was lack of documentation indicating objective functional improvement and necessity for long-term treatment. Given the above, the request for 120 tablets of Cyclobenzaprine 7.5mg is not medically necessary.

**120 tablets of Topiramate 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online version of Official Disability Guidelines (ODG), Pain Chapter, Opioids, specific drug list: Tramadol/Acetaminophen and Product information, Ortho- Mc Neil 2004, Rx list online version ([www.rxlist.com/topamax-drug/indications-dosage.thm](http://www.rxlist.com/topamax-drug/indications-dosage.thm) Topomax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, Page(s): 16.

**Decision rationale:** California MTUS Guidelines indicate antiepileptic drugs are the first-line medication for the treatment of neuropathic pain. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to indicate the patient had objective functional improvement. The patient was noted to be on the medication for greater than 9 months. Given the above and the lack of documentation, the request for 120 tablets of Topiramate 100mg is not medically necessary.