

Case Number:	CM13-0063953		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2012
Decision Date:	07/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/10/2013

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 Medicine and is licensed to practice in Pennsylvania. 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:

On July 19, 2012 this worker while performing her duties as a CNA was pushing a water bed when she slipped on the wet floor. She was able to catch on to the bed and did not fall to the ground but twisted her neck, upper back, and low back. She developed pain in all these areas, especially on the left side. She has been diagnosed with left SI dysfunction, chronic cervical sprain/strain and lumbar sprain/strain. She has been treated with multiple medications for pain and spasm. She also received physical therapy and chiropractic. She had a nerve conduction study and EMR on 12/6/13 of both the upper and lower extremities. The nerve conduction study was normal for both the upper and lower extremities. The EMG for the upper extremities was normal. The EMG for the lower extremities was consistent with mild L5-S1 radiculopathy on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 25 MG #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): 16-21. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Topiramate: Drug Information.

Decision rationale: Topamax is an antiepileptic drug. Antiepileptic drugs are recommended for neuropathic pain. There is insufficient evidence to recommend for or against their use for chronic non-specific axial low back pain. Topamax specifically has been shown to have variable efficacy but is still considered for use for neuropathic pain when other anticonvulsants fail. Although the lower extremity EMG indicated radiculopathy, the physical exam and diagnoses did not support this as a reason for prescribing Topamax. In this case, Topamax was specifically requested for headaches. However headaches were not included in the diagnoses. Furthermore the MTUS Chronic Pain Guidelines does not indicate antiepileptic drugs and specifically Topamax for chronic headaches. Topamax is used for migraine prophylaxis, but it has no indication for use in the treatment of headaches related to chronic cervical strain and muscle spasm. The request is not medically necessary and appropriate.

AMTRIX 15 MG #60: 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: Amrix (cyclobenzaprine) is an antispasmodic used to decrease muscle spasms. It is recommended for a short course of therapy but limited and mixed evidence does not allow for a recommendation for chronic use. It is not recommended to use this medication longer than 2-3 weeks. In this case, the worker had already exceeded this time period of antispasmodic use. The request is not medically necessary and appropriate.