

<b>Case Number:</b>	CM14-0100015		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain, leg pain, and major depressive disorder (MDD), reportedly associated with an industrial injury of April 10, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; adjuvant medications; and muscle relaxants. In a Utilization Review Report dated June 20, 2014, the claims administrator failed to approve request for Flector patches, topiramate, and cyclobenzaprine. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant reported ongoing complaints of neck pain, shoulder pain, headaches, and myofascial pain syndrome. The applicant was described as stable on Lyrica, Norco, Elavil, Flexor, Flector patches, and topiramate, it was stated. There was not, however, any explicit discussion of medication efficacy. The applicant was described as having flare-up of neck pain. The applicant was severely obese, it was stated, with a BMI of 39. MRI imaging of the knee, six sessions of manipulative therapy, and unspecified amounts of massage therapy were endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an earlier note dated April 10, 2014, the applicant again apparently received refills of Lyrica, Norco, and Elavil, again without any explicit discussion of medication efficacy. In a March 11, 2014, progress note, the applicant was again given refills of Lyrica and Norco, once again without any explicit discussion of medication efficacy. While the attending provider stated that the applicant was deriving benefit from the medications in question, this was not quantified via pain scores nor did the attending provider expound upon any specific activities of daily living ameliorated as a result of ongoing medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector (Diclofenac Epolamine) 1.3% adhesive patch #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

**Decision rationale:** Flector is a derivative of topical diclofenac/Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, however, topical diclofenac/Voltaren has not been evaluated for treatment involving the spine, hip or shoulder. In this case, applicant's primary pain generator is, in fact, the cervical spine, a body part for which topical diclofenac/Voltaren has not been evaluated. The attending provider did not, however, provide any compelling applicant-specific rationale or medical evidence which would offset the MTUS position on the article at issue. Therefore, the request is not medically necessary.

**Topiramate 100mg tablets #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topiramate Page(s): 21,7.

**Decision rationale:** While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate is still considered for use for neuropathic pain when other anticonvulsants fail, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medications efficacy into his choice of recommendations. In this case, however, the attending provider has failed to recount the applicant's work status. The attending provider further clearly states that the applicant's work status on several progress notes referenced above, throughout 2014. It does not appear that applicant is working. Ongoing usage of topiramate has failed to curtail the applicant's usage of other medications, including opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Cyclobenzaprine HCL 10mg Tablets #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic, adjuvant and topical agents. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.