

Case Number:	CM14-0116715		
Date Assigned:	08/04/2014	Date of Injury:	05/17/1996
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with a 5/17/96 date of injury. At the time (7/17/14) of the Decision for Topiramate 200 mg #60, Zanaflex 4mg #20, and Prilosec 20 mg #60, there is documentation of subjective (constant and persistent neck and back pain) and objective (tenderness to palpation over the trapezius, positive head compression test, diminished C5-6 sensation in the upper extremities; positive bilateral shoulder impingement test with tenderness over the anterior shoulders and deltoids; positive bilateral knee McMurray's sign; antalgic gait with paralumbar muscle tenderness and limited range of motion, and diminished L5-S1 sensation) findings. The current diagnoses are cervical spine discopathy, lumbar spine discopathy, and somatoform discopathy. The treatment to date includes ongoing therapy with Topiramate, Gabapentin, Zanaflex, Prilosec, and Motrin since at least 3/6/14. In addition, medical report identifies a request for Topiramate to prevent migraine headaches. Regarding Topiramate 200 mg #60, there is no documentation that other anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use Topiramate. Regarding Zanaflex 4mg #20, there is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zanaflex. Regarding Prilosec 20 mg #60 between 7/15/14 and 9/13/14, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 200 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.drugs.com/pro/topamax.html>).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies Topamax is indicated for adults and adolescents 12 years of age and older for the prophylaxis of migraine headache. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, lumbar spine discopathy, and somatoform discopathy. In addition, there is documentation of neuropathic pain and a request for Topiramate to prevent migraine headaches. However, given documentation of ongoing treatment with Gabapentin, there is no documentation that other anticonvulsants have failed. In addition, given documentation of ongoing treatment with Topiramate, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use Topiramate. Therefore, based on guidelines and a review of the evidence, the request for Topiramate 200 mg #60 is not medically necessary.

Zanaflex 4 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term

treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, lumbar spine discopathy, and somatoform discopathy. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Zanaflex since at least 3/6/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zanaflex. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #20 is not medically necessary.

Prilosec 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, lumbar spine discopathy, and somatoform discopathy. In addition, there is documentation of chronic NSAID therapy. However, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 mg #60 is not medically necessary.