

Case Number:	CM14-0172553		
Date Assigned:	10/23/2014	Date of Injury:	06/20/2006
Decision Date:	12/03/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/18/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 37 year old female with an injury date on 06/20/2006. Based on the 09/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar radiculopathy 2. Myofascial pain 3. Chronic low back pain 4. Lumbar degenerative disc disease According to this report, the patient complains of "persistent low back pain which she described as tale bone pain 7/10 severity poking and sharp shooting type radiating to the bilateral lower extremities but worse on the right side." Pain is worsen with prolong sitting and standing. Physical exam reveals spasms over the lumbar paraspinals muscles and stiffness at the lumbar spine. Antalgic gait is noted on the right. Dysesthesia is noted to light touch in the right L5-S1 dermatomes. There were no other significant findings noted on this report. The utilization review denied the request on 10/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/20/2013 to 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg per orem BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic drugs for chronic pain MTUS , MEDICATION FOR CHRONIC PAIN Page(s): 16, 17, 21, 60.

Decision rationale: According to the 09/03/2014 report by treating physician, this patient presents with "persistent low back pain which she described as tale bone pain 7/10 severity poking and sharp shooting type radiating to the bilateral lower extremities but worse on the right side." The treater is requesting Topiramate 25mg per orem BID #60. MTUS Guidelines page 21 state "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Review of reports indicate that the patient has neuropathic pain. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. However, the treater does not mention that this medication is working. There is no documentation of pain and functional improvement with the use of Topamax. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg per orem every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (for pain), Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 09/03/2014 report by treating physician this patient presents with "persistent low back pain which she described as tale bone pain 7/10 severity poking and sharp shooting type radiating to the bilateral lower extremities but worse on the right side." The treater is requesting Cyclobenzaprine 10mg per orem every 12 hours #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Cyclobenzaprine #60; the patient has been on this medication since 08/20/2013. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the request is not medically necessary.

