

Case Number:	CM14-0043355		
Date Assigned:	06/20/2014	Date of Injury:	10/27/1999
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 Medicine and Rehabilitation 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 injured worker is a 58-year-old male with a reported date of injury on 10/27/1999. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with continued low back pain rated at 7/10, pain in the right leg rated 4/10, and neck pain rated at 4/10. In addition, the injured worker indicated that he has poor sleep at night due to awakening from pain. Upon physical examination, the injured worker's plantarflexion to the right foot was 4/5, other large joints were 5/5. The documentation available for review indicated the injured worker previously participated in physical therapy; the results of which were not provided within the documentation available for review. The diagnoses included right L5 radiculopathy, status post multilevel fusion/lumbar, depression, gastritis, falling episodes due to radiculopathy, left wrist pain and right lateral epicondylitis, headaches, sympathetically-mediated pain, and sleep impairment. The injured worker's medication regimen included naproxen, Topamax, and Tizanidine. The request for authorization for 1 prescription of naproxen 500 mg #90, 1 prescription for Topamax 50 mg #120, and 1 prescription for Tizanidine 4 mg #60 was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500m #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough in mixed pain conditions such as osteoarthritis. The clinical documentation submitted for review indicates the injured worker has utilized naproxen prior to 11/05/2013. Within the documentation dated 11/05/2013, the injured worker rated his pain at 7/-8/10 in the right leg and low back and 4/10 for the neck. According to the clinical note dated 03/05/2014, the injured worker rates his low back pain at 8/10, leg pain at 8/10, and neck pain at 8/10. There is a lack of documentation related to the therapeutic effect in the utilization of naproxen for pain. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for 1 prescription of naproxen 500 mg #90 is not medically necessary.

Topamax 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16.

Decision rationale: The CA MTUS guidelines recommend Antiepilepsy drugs for neuropathic pain. Most randomized, controlled trials for the use of this class of medication for neuropathic pain have been directed as postherpetic neuralgia in painful polyneuropathy. In addition, the guidelines state that Topamax has been shown to have variable effectiveness, with failure to demonstrate effectiveness in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. There is a lack of documentation related to the use of other anticonvulsants prior to the utilization of Topamax. The clinical documentation provided for review indicated the injured worker has utilized Topamax prior to 11/05/2013. There is a lack of documentation related to the addition of Topamax to the injured worker's medication regimen. Benefit of the ongoing use of Topamax is not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for 1 prescription of Topamax 50 mg #120 is not medically necessary.

Tizanidine 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine Page(s): 66.

Decision rationale: The California MTUS Guidelines state that Tizanidine is a centrally acting Alpha II adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. According to the clinical note dated 12/11/2013, the injured worker began utilizing Tizanidine at that time; the physician indicated for muscle spasticity. There is a lack of documentation related to the injured worker's functional deficits, range of motion values, or indications of muscle spasticity. Therapeutic benefit in the ongoing use of Tizanidine is not available within the documentation available for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for 1 prescription of Tizanidine 4 mg #60 is not medically necessary.