

Case Number:	CM14-0050184		
Date Assigned:	07/11/2014	Date of Injury:	02/15/2012
Decision Date:	08/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 patient is a 59 year-old woman with date of injury of 02/15/2012. The primary treating physician's progress report dated 03/28/2014 lists subjective complaints of chronic neck, back, and left shoulder pain. The examination of the lumbar spine revealed tenderness to palpation of the lumbosacral junctions. The patient's range of motions was decreased by 60% with flexion, 40% with extension, and 40% with rotation to the left and 20% rotation to the right. Her motor strength was decreased to 4/5 with right leg extension compared to left lower extremity and 4/5 with left foot dorsiflexion compared to the right lower extremity. The patient's diagnosis includes Lumbar disc displacement without myelopathy, sprain/ strain thoracic region, spondylosis, and lumbosacral. Her status is post left shoulder surgery in 12/1998, status post left thumb surgery in 05/2007, post left knee surgery, 04/2008, and right knee surgery 06/2008. Based on the medical records the patient has been take Orphenadrine-Norflex Er 100mg, #90 SIG: 1 tab at bedtime and Topiramate-topamax 25mg, #120 SIG: 1 tab in the morning and 2 tabs at bedtime for at least 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate-Topamax 25mg, 1 tab in am and 2 tabs at bedtime, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16-17.

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regards to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for anything other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as gabapentin or pregabalin should be tried initially. The patient complains of central-type and radicular pain. The medical record lacks evidence that the patient has been tried on any first-line agents. Topamax is not medically necessary.

Orphenadrine-Norflex Er 100mg, 1 tablet at bedtime, # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Therefore, this request is not medically necessary.