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| Case Number: | CM14-0078828 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 01/27/2009 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 & 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 records presented for review indicate the injured worker is a 39 year old female injured on 01/27/09 due to lifting heavy bags, subsequently hurting her neck. The most recent progress note from primary treating physician dated 04/22/14, indicate the injured worker presents with neck collar due to pain and continued complaints of neck pain. The injured worker has been to emergency department twice due to neck pain. In the most recent emergency department visit on 04/03/14, the injured worker was given Vicodin, Flexeril, which provided some relief, zanaflex, and topamax. The injured worker stated zanaflex and topamax made her pain worse. Electrodiagnostic studies (EMG/NCV) dated 05/23/14, of the upper extremities were normal. The diagnoses include neck pain, diskogenic neck pain, and myofascial neck pain. Medications include Topamax, Zanaflex and Opana. Request for Topamax 50mg #60 and Zanaflex 4mg #120 were denied in prior utilization review dated 04/2914.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: 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 Topamax
Page(s): 21.

Decision rationale: Topiramate (Topamax, generic available) 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 fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, there is no diagnosis of neuropathic pain unresponsive to first line therapy. There is no documentation of any improvement in pain or function with prior use. Furthermore, the injured worker has stated that this medication has made her pain worse. Therefore, the request is not medically necessary according to the guidelines and based on the clinical records.

Zanaflex 4mg #120: 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 Zanaflex Page(s): 66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. According to the CA MTUS guidelines, Tizanidine "Zanaflex" is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, there is no diagnosis of spasticity. There is no documentation of substantial spasm or back pain refractory to first line therapy. There is no documentation of any improvement in pain or function with prior use. Furthermore, the IW has stated that this medication has made her pain worse. Therefore, the request is not medically necessary according to the guidelines and based on the clinical records.