

<b>Case Number:</b>	CM14-0194766		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Georgia. 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 47-year-old male presenting with a work-related injury on March 29, 2011. On May 19 2014, the patient complained of neck and low back pain. The patient stated that the medications do help her pain. The pain is decreased from 7/10 on the a down to 3 - 4/10 with medication. Ultrasound soft tissue on January 23, 2014 showed been artery branches to the corpus cavernosum demonstrate unusually low pieces Alcalá the maximum 10 cm/s with tumescence and under 5 cm/s in flaccid state. Typically these muscles should have to start blocking the at least 35 mm/s. MRI of the cervical spine on February 23, 2013 revealed status post anterior cervical discectomy and fusion at C5 - C6 about roast evidence of postoperative complication. Multilevel cervical spondylosis is described with mild central spinal stenosis at C4 - C5 and significant bilateral foraminal stenosis at C5 - C6. Bilateral lower extremity EMG on June 11, 2012 revealed normal study; electrical findings suggestive but not by the left S1 radiculopathy. Lumbar MRI revealed multilevel bilateral facet joint arthropathy as well as moderate central canal stenosis and degenerative disc disease. The physical exam was significant for antalgic gait. The patient's medications included Topamax, Trazodone, Tramadol, Docusate, Senna, Orphenadrine and Diclofenac. The patient was diagnosed with sciatica, post laminectomy syndrome, disorders of sacrum, and lumbar spinal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 25mg #60 dos 09/26/14 and 10/27/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 17-19.

**Decision rationale:** Topiramate 25mg #60 dos 09/26/14 and 10/27/14 is not medically necessary. The CA MTUS page 17-19 is recommended for neuropathic pain (pain due to nerve damage) and Headaches. 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 (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with Topiramate is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on her most recent office visit; therefore the requested medication is not medically necessary.

**Orphenadrine 100mg #90 dos 09/26/14 and 10/27/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 66.

**Decision rationale:** Orphenadrine 100mg #90 dos 09/26/14 and 10/27/14 is not medically necessary. The CA MTUS "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain." Orphenadrine is an anticholinergic drug that is very sedating and is not recommended to combine with other sedating medications. The claimant is on Oxycodone which is also a sedating medication; therefore the requested medication is not medically necessary.