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| <b>Case Number:</b>   | CM14-0055484 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 08/21/2000 |
| <b>Decision Date:</b> | 01/22/2015   | <b>UR Denial Date:</b>       | 04/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2014 |

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60-year-old woman who sustained a work-related injury on August 21 2000. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on April 9, 2014, the patient was complaining of low back pain with a pain severity is rated 7/10. The patient physical examination demonstrated lumbar tenderness with spasm, left leg weakness and bilateral feet numbness. The provider requested authorization for Topamax and Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 250/50 mg tablets #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>

**Decision rationale:** Topamax (Topiramate) Tablets and TOPAMAX (Topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache

prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic migraine headache in this patient. There is no documentation of improvement with previous use of Topamax. Therefore, the prescription of Topamax 250/50 mg tablets #60 is not medically necessary.

**Robaxin 500 mg tablets #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasmodics Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Robaxin, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that she was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis for long time). The request for Robaxin 500 mg tablets #90 are not medically necessary.