

Case Number:	CM15-0001884		
Date Assigned:	01/12/2015	Date of Injury:	03/28/2007
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 05/28/2007. The mechanism of injury was not submitted for review. The injured worker has a diagnoses of chronic migraine without aura, lumbar/lumbosacral disc degeneration, spinal stenosis to the lumbar spine, post-concussion syndrome, cervical degenerative disc disease and chronic pain syndrome. Past medical treatment consists of physical therapy, the gym 2 to 3 times a week, aquatic therapy and medication therapy. Medications include Zanaflex 4 mg, states topiramate 25 mg, Flector patches 1.3%, Naprosyn 550 mg, Paxil 20 mg, aspirin ER 81 mg, fluticasone preoperative 50 mcg spray, levothyroxine 100 mcg, Lisinopril 10 mg, omeprazole 20 mg, pravastatin 10 mg, Ventolin Hfa 90 mcg inhaler. On 08/20/2014, a urine drug screen was collected showing that the injured worker was compliant with prescription medications. MRI obtained on 07/16/2014 indicated mild multilevel degenerative changes of the cervical spine without focal disc protrusion or spinal/neural foraminal stenosis. On 08/20/2014, the injured worker complained of pain in the cervical spine, in the lumbar spine and hand pain. Physical examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion was restricted but near full. On examination of paravertebral muscles, spasm, tenderness, tight muscle band and headache were produced with palpation of the upper cervical muscles. Lumbar range of motion was restricted with moderate losses all planes, worse right side bending and rotation. On palpation, paravertebral muscles, tenderness was noted on both sides. Spinous process tenderness was noted on L3, L4 and L5. Sensory examination revealed loss of sensation bilaterally hands in median nerve distribution and right

medial leg. Medical treatment plan is for the injured worker to continue with aquatic therapy, and self-management. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25 mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16,17.

Decision rationale: The request for Topamax 25 mg with 180 with 2 refills is not medically necessary. The California MTUS Guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any neuropathic pain the injured worker was having. Additionally, there were no pain assessment indicating what pain levels were before, during, and after medication administration. Furthermore, there was no documented evidence of functional improvement. Given the above and lack of documentation, continued use of this medication will not be supported. As such, the request is not medically necessary.

Flector patch 1.3% #60 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector patch (diclofenac epolamine).

Decision rationale: The request for Flector patch 1.3% with 60 with 2 refills is not medically necessary. According to the Official Disability Guidelines, Flector patches are not recommended as a first line treatment. In 12/2009, the FDA issued warnings about the potential for elevation and liver function test during treatment with all products containing diclofenac. These types of medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. In addition, there is no data that substantiates Flector efficacy beyond 2 weeks. As Flector patches are not recommended by the Official Disability Guidelines, the Flector patches would not be indicated. Additionally, the submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the Flector patches were helping with any functional deficits. Furthermore, there was no rationale provided to warrant the continuation of the medication. As such, the request is not medically necessary.

