

Case Number:	CM15-0149667		
Date Assigned:	08/12/2015	Date of Injury:	06/18/2014
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on 06-18-2014. She has reported injury to the left shoulder, left wrist, left hip, left ankle, right knee, and upper back. The diagnoses have included thoracic spine sprain-strain; left shoulder impingement syndrome; left acromioclavicular cartilage disorder; left subacromial bursitis; left bicipital tendinitis; left carpal tunnel syndrome; left upper extremity paresthesias; left hip pain; localized osteoarthritis of hip; left ankle high-grade sprain of the anterior talofibular ligament, positive per MRI of 04-29-2015; right knee internal derangement; and lumbar spondylosis. Treatment to date has included medications, diagnostics, injection, bracing, and physical therapy. Medications have included Tramadol, Soma, Norco, Topamax, and Cyclobenzaprine. A progress report from the treating physician, dated 07-07-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the neck, upper back, left shoulder, left elbow, left wrist, left leg, left knee, and left ankle; the pain is constant and described as numbness, pins and needles, aching, and cramping; the severity of the pain without pain medications is 9 out of 10 on average; the pain is aggravated by sitting, rising from sitting, standing, and walking; the pain is improved by lying on the side; and physical therapy was not successful. Objective findings have included the gait is abnormal; she is able to walk on heels and toes; left hip range of motion is decreased and painful; there is no tenderness at the right or left trochanteric bursas; cervical spine range of motion is decreased and painful; and there are zero of eighteen trigger points on palpation of the left and right upper extremities and shoulders. The treatment plan has included the request for Cyclobenzaprine 10mg #60; and Topamax 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p 41 (2) Muscle relaxants, p 63.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for neck, upper back, and left upper and lower extremity pain. When seen, there were radiating symptoms into the left arm. There were pain descriptors of numbness, pins and needles, aching, and cramping. Pain was constant and rated at 9/10. Physical examination findings included an abnormal gait. There was decreased and painful cervical spine and hip range of motion. There was normal strength and sensation. There were no trigger points. Cyclobenzaprine and Norco were refilled. Topamax was started at 25 mg. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

Topamax 25mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p 16-21.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for neck, upper back, and left upper and lower extremity pain. When seen, there were radiating symptoms into the left arm. There were pain descriptors of numbness, pins and needles, aching, and cramping. Pain was constant and rated at 9/10. Physical examination findings included an abnormal gait. There was decreased and painful cervical spine and hip range of motion. There was normal strength and sensation. There were no trigger points. Cyclobenzaprine and Norco were refilled. Topamax was started at 25 mg. Anti-epilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. In this case, the claimant has ongoing severe left upper extremity radiating pain and neuropathic pain descriptors are endorsed. The dose being prescribed is within recommended guidelines and was medically necessary.

