

Case Number:	CM15-0190445		
Date Assigned:	10/02/2015	Date of Injury:	03/11/2014
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 30-year-old female, who sustained an industrial-work injury on 3-11-14. She reported initial complaints of pain across the low back. The injured worker was diagnosed as having low back pain; discogenic disease. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and chiropractic sessions. MRI results were reported on 7-23-14 were negative. MRI (magnetic resonance imaging) from 9-9-15 reported facet arthropathy. Currently, the injured worker complains of chronic low back pain with radiation to the right leg. Current medications include Baclofen 10 mg, clonazepam 1 mg, Ibuprofen 600 mg, Norco 5-325 mg, and Topiragen 25 mg. Per the primary physician's progress report (PR-2) on 9-9-15, exam noted normal strength and gait, tenderness with palpation over the lumbar spine area, electrodes in place, reflexes were normal. Current plan of care includes continue TENS unit, discontinue Hydrocodone and Baclofen, and order for medication. The Request for Authorization requested service to include Clonazepam 1mg #30 and Topiragen 25mg #60. The Utilization Review on 9-17-15 denied the request for Clonazepam 1mg #30 and Topiragen 25mg #6, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, clonazepam 1 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis is low back pain. Date of injury is March 11, 2014. Request for authorization is September 11, 2015. Subjectively, the injured worker has ongoing low back pain that radiates to the right buttock and posterior thigh. There is no documentation of anxiety in the history of present illness. There is mention in the interval history of cannabis reducing anxiety symptoms. Objectively, musculoskeletal system shows normal strength, no swelling, normal gait. There is tenderness over the lumbar spine. Motor strength is 5/5 and gait is normal. Clonazepam is not recommended for long-term use (longer than two weeks). The treating provider provided a one-month supply in excess of the recommended guidelines. Additionally, there is no clear-cut evidence of anxiety documented in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and an excessive number of clonazepam 1 mg #30 (guidelines recommend no longer than two weeks), clonazepam 1 mg #30 is not medically necessary.

Topiragen 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-epileptic drugs.

Decision rationale: Pursuant to the Official Disability Guidelines, Topiragen 25mg #60 is not medically necessary. Topiramate is an anti-epilepsy drug (AED). AED's recommended for neuropathic pain, but not for somatic pain. Topiramate has been shown to have variable efficacy in neuropathic pain of central etiology. It is considered for use when other anticonvulsants have failed. In this case, the injured worker's working diagnosis is low back pain. Date of injury is March 11, 2014. Request for authorization is September 11, 2015. Subjectively, the injured worker has ongoing low back pain that radiates to the right buttock and posterior thigh. There is no documentation of anxiety in the history of present illness. There is mention in the interval history of cannabis reducing anxiety symptoms. Objectively, musculoskeletal system shows normal strength, no swelling, normal gait. There is tenderness over the lumbar spine. Motor strength is 5/5 and gait is normal. Clonazepam is not recommended for long-term use (longer than two weeks). The treating provider provided a one-month supply in excess of the recommended guidelines. Additionally, there is no clear-cut evidence of anxiety documented in the medical record. The documentation shows the injured worker is going to start topiramate 25 mg. Topiramate is a second line anti-epilepsy drug. There is no documentation of failed first-line

anticonvulsants. Based on the clinical information medical record, peer-reviewed evidence-based guidelines, and no documentation of failed first-line anticonvulsants, Topiragen 25mg #60 is not medically necessary.