

Case Number:	CM15-0192669		
Date Assigned:	10/30/2015	Date of Injury:	09/27/2004
Decision Date:	12/11/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 9-27-04. The injured worker was being treated for degeneration of lumbar lumbosacral disease, lumbar disc displacement without myelopathy, stenosis of spinal lumbar and cervical disc displacement. On 8-31-15, the injured worker complains of chronic lower back pain with radicular symptoms. He notes his medications provide 30% pain relief, reduce the intensity of muscle spasms and increase his tolerance of activities; he is not working. Physical exam performed on 8-31-15 revealed an antalgic gait, cane for ambulation and spasm and guarding in lumbar spine. Treatment to date has included lumbar epidural steroid injection, Morphine 30mg, Docusate sodium 100mg, Tizanidine 4mg (since at least 11-14), Topamax 25mg (since at least 11-14), Senokot, Metamucil, Ability 30mg, Cymbalta 60mg, Geodon 20mg, Colace 100mg; chiropractic treatment, cane for ambulation, and physical therapy. On 8-17-15 request for authorization was submitted for Morphine 30mg #120, Tizanidine 4mg #60 and Topamax 25mg #30. On 9-16-15 request for Tizanidine 4mg #60 and Topamax 25mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Topiramate- Topamax 25 mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: The California MTUS section on Topamax states: Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. While the patient does have neuropathic pain complaints, there is no documented failure of first lien anticonvulsant therapy which is recommended. Therefore the request is not medically necessary.

1 prescription of Tizanidine-Zanaflex 4 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.