

<b>Case Number:</b>	CM15-0207304		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	06/05/2010
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Arizona, California

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:

This 36 year old female sustained an industrial injury on 6-5-10. Documentation indicated that the injured worker was receiving treatment for right shoulder pain. Previous treatment included physical therapy, injections, hot and cold wrap, tens and medications. In a Pr-2 dated 6-1-15, the injured worker complained of persistent right shoulder pain with stiffness and difficulty reaching overhead. The physician stated that magnetic resonance imaging right shoulder showed bursal-sided fraying of the supraspinatus. Requests for surgery had been denied. The treatment plan included continuing medications (Norco, Trazodone, Naproxen Sodium, Celebrex and Aciphex). In a PR-2 dated 9-10-15, the injured worker complained of numbness and tingling with "toughness" along the hand. The physician stated that the injured worker had right shoulder loss of motion, inability to sleep on the right arm and limitation with reaching overhead activities. The injured worker could lift no more than 15 pounds on the right. The physician also stated that the injured worker had gained more than 30 to 40 pounds since the injury and was not doing any chores around the house but did go grocery shopping with her children. Physical exam was remarkable for tenderness to palpation along the rotator cuff and biceps tendon with equivocal cross arm test and weakness to resisted function. The injured worker received fluoroscopic evaluation of the shoulder during with findings noted to be suggestive of no major arthritis in the joint. The treatment plan included requesting authorization for Effexor XR, Remeron, Voltaren XR, Topamax and Norflex ER and twelve sessions of physical therapy. On 9-22-15, Utilization Review noncertified a request for Topamax 20mg #60 and Norflex 100mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Topamax (Topiramate) 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the guidelines, Topamax 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. In this case, the claimant was on Topamax along with opioids, NSAIDs and muscle relaxants for over a year. Long-term use is not indicated and failure of other medications was not noted. Pain scores were not routinely noted. Continued use of Topamax is not medically necessary.

### **Norflex (Orphenadrine) ER 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been Flexeril in the prior months along with NSAIDs. Long-term use of muscle relaxants is not recommended. Continued and chronic use of Norflex is not medically necessary.