

<b>Case Number:</b>	CM15-0026902		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 60 year old male who sustained a work related injury on May 21, 2013, when he stepped backward, tripped on a pallet and fell landing on a radio receiver. Computed Tomography (CT) of the head revealed a concussion, Magnetic Resonance Imaging (MRI) showed degenerative disc disease cervical, disc narrowing; and a lumbar Magnetic Resonance Imaging (MRI) revealed bilateral stenosis and disc protrusions. Treatments included epidural steroid injections, physical therapy, radio-frequency ablation, chiropractic sessions and pain medications. The injured worker was diagnosed with cervicalgia, lumbago, lumbar disc displacement and muscle spasm. Currently, in January 2015, the injured worker complained of neck pain radiating into both shoulders and pain in the lower back with tenderness and spasms. On February 19, 2015, a request for a retro prescription on date of service January 8, 2015, Norflex ER 100mg; and a retro prescription for date of service January 8, 2015 for Topamax 100mg, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS 1/8/15 Norflex ER 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norflex ER Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress chapter, Diphenhydramine.

**Decision rationale:** The patient was injured on 05/21/13 and presents with neck pain and low back pain. The retrospective request is for NORFLEX ER 100 MG #30 01/08/15. There is no RFA provided and the patient is "off work until next appointment." The patient has been taking this medication since 07/30/14. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG states, "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by FDA in 1959. Side effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects." In this case the patient has been taking this medication as early as 07/30/14, which exceeds MTUS Guidelines. Norflex is a sedating muscle relaxant, and long-term use is not supported by the guidelines. The treater does not indicate this medication is to be used for short term to address a flareup, new injury, or exacerbation. Therefore, the requested Norflex IS NOT medically necessary.

**Retro DOS 1/8/15 Topamax 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topamax 100 mg.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic; topiramate (Topamax) Medication for chronic pain Page(s): 21, 16-17, 60.

**Decision rationale:** The patient was injured on 05/21/13 and presents with neck pain radiating into both shoulders and pain in the lower back with tenderness and spasms. The retrospective request is for TOPAMAX 100 MG #30 01/08/15. There is no RFA provided and the patient is "off work until next appointment." The utilization review denial letter indicates that the patient has been on this medication prior to this request; however, there is no indication of when the patient began taking Topamax. Regarding topiramate (Topamax), MTUS Guidelines page 21 states, "Topiramate 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 have failed." MTUS Guidelines page 16 and 17 regarding anti-

epileptic drugs for chronic pain also states that "There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy." The patient is diagnosed with cervicalgia, lumbago, lumbar disc displacement and muscle spasm. The 01/08/15 report states that "most of his pain is centralized now in the lumbar spine and it is central in location and it is over the left lower back and left hip area. His neck is painful as well and he feels it on the right side toward the middle of his neck. The pain does also go into his shoulders bilaterally and at times. He feels it more on the right side and it travels down his right biceps and he feels it equally out to both shoulders." In this case, there was no discussion provided regarding Topamax, nor is it known when the patient began taking this medication. MTUS guidelines page 60 requires documentation of medication efficacy in terms of pain reduction and functional gains when used for chronic pain. There is no documentation of pain and functional improvement with the use of Topamax. Therefore, the requested Topamax IS NOT medically necessary.