

<b>Case Number:</b>	CM15-0041134		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	09/29/2007
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: 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 47 year old male sustained an industrial injury to the neck, chest, bilateral upper extremities and low back on 9/29/07. The injured worker was diagnosed with multiple trauma with blunt chest trauma, multiple rib fractures, cervical spine fractures and multiple thoracic spine fractures. An agreed medical evaluator noted that headaches are traumatic in nature and the patient did not previously have a history of migraines. Previous treatment included cervical collar, medications, physical therapy, acupuncture and left carpal tunnel release. In a PR-2 dated 1/22/15, the injured worker complained of having two to three headaches a week, as well as ongoing neck, back and bilateral upper extremity pain rated 8/10 on the visual analog scale without medications and 5/10 with medications. Physical exam was remarkable for tenderness to palpation to the mid back region with decreased cervical spine range of motion and positive Phalen's sign on the right side of the wrist. Current diagnoses included status post cervical spine and thoracic spine fractures, status post left carpal tunnel release and right carpal tunnel syndrome. The treatment plan included continuing medications Norco, Neurontin, Colace, Zanaflex and Topamax. Zanaflex is noted to be helping with back spasm. Topamax decreases quantity and quality of headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Zanaflex 4mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants 63-666.

**Decision rationale:** According to the MTUS guidelines, Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, the injured worker is followed for chronic pain and Zanaflex is reported to help with back spasm. In addition, while the chronic use of muscle relaxants is not supported, in this case, Zanaflex is supported as it is a centrally acting alpha2-adrenergic agonist. The retrospective request for Zanaflex 4mg #60 is medically necessary.

**Topamax 75mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Migraines.

**Decision rationale:** According to the Official Disability Guidelines, topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines. In this case, the injured worker is noted to be diagnosed with migraine headaches. Topamax is noted to decrease quantity and quality of headaches. The request for Topamax 75mg #30 is medically necessary.