

<b>Case Number:</b>	CM15-0089220		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on January 13, 2006. The mechanism of injury was a slip and fall in which the injured worker sustained injuries to the head, neck, right shoulder, lower back and coccyx. The diagnoses have included lumbosacral radiculopathy, cervical strain, sciatica, lumbosacral herniated disc, chronic lumbar pain, hypertension, chronic pain syndrome, diabetes mellitus (non-industrial), hyperlipidemia, insomnia, depressive disorder with mixed anxiety state and exogenous obesity. Treatment and evaluation to date has included medications, radiological studies, MRI, psychiatric assessments, physical therapy, acupuncture treatments, epidural injections, home exercise program, gastric sleeve surgery and two failed back surgeries. The injured worker was not working. Current documentation dated April 13, 2015 notes that the injured worker reported weight gain and an increasing blood pressure. The injured worker denied low back pain and denied associated numbness and tingling. The injured workers blood pressure was noted to be 138/88. Physical examination was unremarkable. The treating physician's plan of care included requests for Baclofen 10 mg # 30 and Topamax 50 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Baclofen Page(s): 63, 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends Baclofen orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). This drug should be used with caution in patients with renal and liver impairment. The guidelines note that abrupt discontinuation of Baclofen is not recommended. Muscle relaxants are recommended for short-term treatment of acute exacerbations in injured workers 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 non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also there is no additional benefit shown in combination with NSAID's." In this case, the documentation supports that the injured worker has been prescribed Baclofen for a prolonged period of time. There is lack of documentation of subjective and objective muscle spasm noted. The guidelines recommend Baclofen for short-term acute spasm. Due to the injured workers long-term use, lack of documentation of muscle spasm or acute exacerbation of muscle spasm the request for Baclofen is not medically necessary.

**Topamax 50 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 17, 21.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Topamax has been shown to have limited effectiveness to treat neuropathic pain of "central" etiology. Topamax is still considered for neuropathic pain when other anti-convulsants fail. The guidelines state a good response to the use of anti-epileptic drugs is a 50% reduction in pain and a moderate response would be 30% reduction in pain. The documentation supports the injured worker had a low back injury and failed two back surgeries. In this case, Topamax has been prescribed for a prolonged period of time. There is lack of documentation of subjective or objective pain or neuropathic pain in the current documentation. There is lack of documentation of the effectiveness of Topamax or the reason for continued use. The request for Topamax is not medically necessary.