

Case Number:	CM14-0118054		
Date Assigned:	08/06/2014	Date of Injury:	03/12/2008
Decision Date:	10/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Texas and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 03/12/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 07/09/2014 indicated diagnoses of cervical radiculopathy, cervical spinal stenosis, bilateral carpal tunnel syndrome, chronic pain, and generalized pain. The injured worker reported neck pain that radiated down the bilateral upper extremities, upper extremity pain bilaterally in the shoulders and in the wrists that was aggravated by activity and walking, ongoing headaches, and pain in all joints associated with stiffness and swelling. The injured worker rated her pain 6/10 in intensity with medications, and without medications the injured worker rated her pain 8/10. The injured worker reported her pain was unchanged since her last visit. The injured worker reported activities of daily living limitations in the following areas: self-care and hygiene, activity, and sleep. On physical examination of the cervical spine, there were spasms bilaterally in the trapezius muscles, and spinal vertebral tenderness was noted in the cervical spine at C5-7. There was tenderness upon palpation at the bilateral paravertebral area with range of motion of the cervical spine moderately limited due to pain. Tenderness was noted at the right anterior shoulder. The injured worker's treatment plans included follow-up in 2 months and continue all current medications. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included ketoprofen, Flexeril, Gabapentin, Lortab, topiramate, and Norco. The provider submitted a request for topiramate and Flexeril. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16.

Decision rationale: The California MTUS Guidelines indicate that 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 fail. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The injured worker reported pain rated 6/10 with medications and 8/10 without medications as well as limitations in activities of daily living. There is no indication of significant pain relief, objective functional improvements, or side effects with the use of Topiramate. In addition, the request does not indicate a frequency. Therefore, the request for Topiramate 50 mg # 120 is not medically necessary.

Flexeril 10 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Cyclobenzaprine (Flexeril), Page(s): 41-42..

Decision rationale: The CA MTUS Guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Treatment should be brief. The injured worker reported pain rated 6/10 with medications and 8/10 without medications as well as limitations in activities of daily living. There is no indication of significant pain relief or objective functional improvements with the use of Flexeril. It was not indicated how long the injured worker had been utilizing Flexeril. In addition, the request does not indicate a frequency. Therefore, the request for Flexeril 10mg # 30 is not medically necessary.