

<b>Case Number:</b>	CM14-0129930		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 26-year-old female who reported an injury on 12/30/2011. The mechanism of injury is noted to be a lifting another person off the floor. Her diagnosis was noted to be cervical strain. Prior treatment was noted to be medications and physical therapy. She was noted to have diagnostic imaging tests. The injured worker had a clinical evaluation on 01/10/2013. The subjective complaints were noted to be pain located in the neck radiating to buttocks with stinging, shocky, stabbing feeling. She indicated the pain was severe and worse by the end of her day causing her to limp. She indicated poor sleep due to pain, limited activities in daily living, function and inability to lift/bend. She noted tightness and spasms in her back muscles, with numbness and tingling in her legs. She was taking Lyrica twice daily and Norco twice daily for pain management. There were no side effects to medications. The objective findings included transferring with stiffness/guarding. Ambulating with an antalgic gait with stiffness. Strength of upper and lower was 5/5, equal sensation to light touch, reflexes 4/4 throughout. Range of motion with flexion was 80%, extension was 0% limited laterally. She was positive to palpation of the cervical lumbar region in spinous processes and soft tissue of the lower back. The treatment plan was for medications. The provider's rationale for the request was not provided within the clinical evaluation. The Request for Authorization form was also not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDS Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for a switch to a different first line agent or combination therapy if treatment with a single drug agent fails. The documentation submitted for review does not indicate Topamax within the treatment plan. The provider's request does not indicate a dosage frequency for Topamax. In addition the treatment plan in this review includes an order for Lyrica. Therefore the request for Topamax 50mg #60 would not be medically necessary.

**Zanaflex 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate Zanaflex as an antispasticity/antispasmodic drug. This is demonstrated with significant decrease in pain associated with chronic myofascial pain syndrome. It is also indicated and recommended as a first line option to treat myofascial pain. The most recent documentation submitted with this review indicates the treatment plan without Zanaflex indicated. The treatment plan does contain an order for Soma for muscle spasms. In addition the request for Zanaflex does not contain a dosage frequency. Therefore, the request for Zanaflex 2mg #60 is not medically necessary.