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| Case Number: | CM14-0162904 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 04/19/2006 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old man who sustained a work related injury on April 19, 2006. Subsequently, he developed chronic lower back pain radiating to lower extremities and neck pain radiating to upper extremities. According to a report dated on September 8, 2014, physical examination was stable and showed lumbar and cervical tenderness with reduced range of motion. The patient was treated with pain medications without clear documentation of efficacy and compliance. The patient was diagnosed with cervical spondylosis, lumbar spondylosis with radicular myofascial pain. The provider requested authorization for Topamax, Orphenadrine ER, Soma, and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>.

Decision rationale: Topamax(topiramate) Tablets and Topamax(topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures>. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of neuropathic pain or chronic migraine headache in this patient. There is no documentation of improvement with previous use of Topamax. Therefore, the prescription of Topamax is not medically necessary.

Orphenadrine ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. California MTUS guidelines stated that non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine ER 100mg is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient has no clear evidence of spasm or exacerbation of back pain. There is no justification for use of Soma. The request for Soma is not medically necessary.

Valium 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient have insomnia and antidepressants are more appropriate treatment for anxiety. Therefore, the prescription of Valium 5 mg is not medically necessary.