

Case Number:	CM15-0012213		
Date Assigned:	01/29/2015	Date of Injury:	06/30/1997
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female who sustained a work related injury on 06/30/97. She reports constant burning low back pain with a radiation down the left buttocks, lateral left leg and to the bottom and top of the left foot, as well as intermittent neck and upper back pain and headaches. Diagnosis include chronic low back pain, lumbar laminectomy and fusion and removal of hardware, lumbar radiculopathy, chronic intermittent neck pain, cervicogenic, post traumatic migraines - tension mixed headaches, depression, anxiety, and bipolar disorder. Treatments to date include medications. In a progress note dated 12/10/14. The treating provider reports limited cervical range of motion, as severely limited lumbar spine range of motion. On 01/15/15 Utilization Review non-certified Topamax and Zanaflex, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, a 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. The patient in this case developed continuous pain, and does not have clear functional improvement from the previous use of Zanaflex. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, The request for Zanaflex 4mg #60 is not medically necessary.

One prescription for Topamax 25mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 headache in this patient. There is no documentation that the patient have functional improvement of previous use of Topamax. Therefore the prescription of Topamax 25mg #90 is not medically necessary.