MAXIMUS Federal Services

Case Number:	CM15-0012962		
Date Assigned:	01/30/2015	Date of Injury:	05/21/2013
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male who reported an injury on 05/21/2013 after he tripped and had a backwards fall landing on a radio receiver. The injured worker reportedly sustained an injury to his head, neck and low back. The injured worker's treatment history included chiropractic care, physical therapy, epidural steroid injections, facet injections, radiofrequency rhizotomy, and multiple medications. The injured worker’s diagnoses were noted to be cervicalgia, cervical brachial syndrome, lumbago, lumbar disc displacement without myelopathy and muscle spasming. The injured worker was evaluated on 12/09/2014. It was documented that the injured worker had persistent pain. Physical examination findings included limited range of motion of the cervical spine with a negative Spurling's sign. The injured worker had pain over the bilateral cervical facets at the C4-5 and C5-6 levels. Evaluation of the lumbar spine documented tenderness to palpation of the paravertebral musculature with restricted range of motion and a negative straight leg raising test. The injured worker's medications included Voltaren extended release, Norflex extended release and Topamax. The injured worker's treatment plan included additional physical therapy, a radiofrequency ablation at the left L4-5 and L5-S1 and a right sided C4-5, C5-6 radiofrequency ablation. It was also requested that the injured worker's medications be refilled. A Request for Authorization was submitted to support a medication refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Antispasmodics Page(s): 64-65.

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

Decision rationale: The requested Norflex extended release 100 mg quantity 30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a short duration of use for muscle relaxants for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any indication that the injured worker has had an acute exacerbation of chronic pain. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration of time. The clinical documentation failed to provide significant functional benefit or pain relief resulting from medication usage. As the injured worker has been on this medication for an extended period of time, continued use would not be supported by guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norflex extended release 100 mg quantity 30 is not medically necessary or appropriate.

Topamax 100mg QTY: 30: Upheld

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

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

Decision rationale: The requested Topamax 100 mg quantity 30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of anticonvulsants be supported by at least a 30% decrease in pain and an increase in function. The clinical documentation submitted for review does not provide an adequate pain assessment of the injured worker due to medication usage. Additionally, there was no documentation of significant functional increases resulting from medication usage. Therefore, the continued use of this medication would not be supported. Additionally, the request as it is submitted does not include a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Topamax 100 mg quantity 30 is not medically necessary or appropriate.