

<b>Case Number:</b>	CM15-0116279		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 2010. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for Topamax and tizanidine while apparently approving a request for Cymbalta. The claims administrator referenced an April 28, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 22, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of insomnia. The applicant was using Norco, Lunesta, and baclofen, it was reported, following earlier failed lumbar fusion surgery. A pain management consultation was endorsed. The applicant was asked to continue Norco, Lunesta, and baclofen in the interim. It was suggested that the applicant's pain management physician would ultimately become the primary prescriber. In an April 28, 2015 pain management consultation, the applicant reported 8/10 pain with medications versus 10/10 pain without medications. Pain with sitting, bending, and standing was reported. The applicant was using Percocet, it was stated in one section of the note. The applicant's review of systems of was positive for depression. SI joint injections, Percocet, tizanidine, Cymbalta, and Topamax were endorsed. The applicant was asked to pursue sacroiliac joint injection therapy. The attending provider suggested that the applicant consider a spinal cord stimulator. The attending provider seemingly stated that both Topamax and Cymbalta were intended to treat neuropathic (radicular) pain complaints. The applicant was described as having undergone earlier failed spine surgery. On May 22, 2015, the applicant's pain management physician stated that Topamax, Cymbalta,

Percocet, and tizanidine were being prescribed for 9/10 pain complaints. The attending provider noted that some of the prescriptions previously prescribed had not been approved. The attending provider stated that he would ask the applicant to cease the Lunesta, Norco, and baclofen being given through his other provider.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Topamax 25mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic medications Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21.

**Decision rationale:** No, the request for Topamax, an anti-convulsant adjuvant medication, is not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topamax is still considered for use for neuropathic pain when other anticonvulsants fail, here, however, there was no mention of the applicant's having tried and/or failed first-line anticonvulsant adjuvant medications such as Neurontin or Lyrica as of the April 28, 2015 pain management consultation on which Topamax was prescribed for the first time. Therefore, the request is not medically necessary.

**Tizanidine 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Tizanidine (Zanaflex, generic available) Page(s): 60; 66.

**Decision rationale:** Similarly, the request for tizanidine (Zanaflex), an antispasmodic medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a trial should be given for each individual medication. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that only one medication to be given at a time. Here, however, the prescribing provider seemingly furnished the applicant with four new, entirely different analgesic and adjuvant medications on the office visit in question of April 28, 2015, namely Topamax, Cymbalta, Percocet, and tizanidine. Provision of tizanidine, thus, ran counter to the philosophy espoused on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

