

<b>Case Number:</b>	CM15-0175645		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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

Certification(s)/Specialty: Emergency 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 (IW) is a 41-year-old male who sustained an industrial injury on 04-29-2010. The injured worker was diagnosed as status post right laminotomy at L4-5, and decompression and Microdiscectomy at L4-5 (06-26-2013), 4 MM disc protrusion L4-5 with small annular fissure, Mild to moderate facet arthropathy, L4-5, Lateral recess stenosis and Neural Foraminal narrowing L4-5, and Right sided L5 Lumbar radiculopathy (by EMG 01/23/2013). Treatment to date has included pain management. In the provider notes of 08-12-2015, the injured worker complains of ongoing pain across the low back and down the bilateral lower extremities with numbness in the legs. He also complains of tingling, muscle cramps and spasms that cause insomnia. His pain rating on a scale of 0-10 intensity is described as an 8 and is reduced to a 6 with medication. In the preceding month, his lowest pain was rated as a 6, his highest a 9 and his average as a 7. Medications improve his ability to tolerate activities of daily living. His medications include Ambien, Cyclobenzaprine, Norco, and Topamax. He has a signed pain contract, shows no signs of aberrant drug behaviors, uses the medications as prescribed, and notes no negative side effects with the medication. On exam, there is a well-healed surgical scar in the lumbosacral region, with tenderness and guarding in the lumbar paraspinal muscles. Range of motion of the lumbar spine is decreased secondary to pain. The bilateral lower extremities have no focal atrophy, tremor fasciculation or ataxia. There is no evidence of clonus or spasticity in the lower extremities. The plan is for continuation of current medications. He is currently at a permanent and stationary rating. A request for authorization was submitted for 30 tablets of Cyclobenzaprine 10mg, 15 tablets of Norco 75/325mg, and 30 tablets of Topamax 25mg. A utilization review decision 08-10-2015 non certified the requests for Cyclobenzaprine and Topamax, and certified the prospective request for 15 tablets of Norco 75/325mg.

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

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

### **30 tablets of Cyclobenzaprine 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The requested 30 tablets of Cyclobenzaprine 10mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has tenderness and guarding in the lumbar paraspinal muscles. Range of motion of the lumbar spine is decreased secondary to pain. The bilateral lower extremities have no focal atrophy, tremor, fasciculation or ataxia. There is no evidence of clonus or spasticity in the lower extremities. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, 30 tablets of Cyclobenzaprine 10mg are not medically necessary.

### **30 tablets of Topamax 25mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The requested 30 tablets of Topamax 25mg, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and Topiramate is "considered for use of neuropathic pain when other anticonvulsants fail," and "Outcome: 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." The injured worker has tenderness and guarding in the lumbar paraspinal muscles. Range of motion of the lumbar spine is decreased secondary to pain. The bilateral lower extremities have no focal atrophy, tremor, fasciculation or ataxia. There is no evidence of clonus or spasticity in the lower extremities. The treating physician has not documented failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date, nor the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, 30 tablets of Topamax 25mg are not medically necessary.