

<b>Case Number:</b>	CM15-0074674		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old male patient who sustained a work related injury on 10/8/07. The diagnoses have included lumbar discogenic disease, lumbar radiculopathy and status post lumbar fusion. He sustained the injury due to fall. Per the PR-2 dated 3/3/15, he had complains of ongoing pain in his lower back with radiation to the left leg down to the knee with occasional pain down to foot. He had pain level at 8/10 and reduced at 4/10 with use of medications. He has increased blurring in the left eye with topamax. The physical examination revealed pain on palpation, limited lumbar range of motion and decreased sensation in L5 and S1 distributions. The medications list includes oxycontin, zanaflex and topamax. He has undergone lumbar fusion surgery on 1/15/2009 and removal of hardware on 1/17/2014. He has had lumbar CT scan on 7/18/2014. He has had physical therapy, acupuncture and lumbar injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60 3 refills:** Overturned

**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  
ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic back pain with restricted range of motion and tenderness. She has a history of lumbar fusion surgery. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg #60 3 refills is deemed medically appropriate and necessary for this patient.

**Topamax 25mg #30 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Anti-epilepsy drug Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs (AEDs) page 16-17  
Topiramate (Topamax, no generic available), page 21.

**Decision rationale:** Topiramate is an antiepileptic drug. According to MTUS guidelines, antiepileptic drugs are "Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Any evidence of postherpetic neuralgia and painful polyneuropathy is not specified in the records provided. In addition, per the cited guidelines "Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." Failure of first line anticonvulsants like gabapentin and pregabalin is not specified in the records provided. The medical necessity of Topamax 25mg #30 3 refills is not fully established for this patient.