

Case Number:	CM14-0141001		
Date Assigned:	09/10/2014	Date of Injury:	09/08/2013
Decision Date:	10/23/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old male with a reported date of injury on 09/08/2013. The mechanism of injury was noted to be a fall. His diagnoses were noted to include lumbosacral joint ligament sprain/strain, lumbar radiculopathy, back contusion, myofascial pain, and right hand pain. His previous treatments were noted to include TENS unit, physical therapy, acupuncture, chiropractic treatment and medications. The progress note dated 11/18/2013 revealed complaints of low back pain rated 9/10, as well as pain to the right thumb and numbness to the left leg. The injured worker indicated the medication had not been controlling his pain, and that he was unable to sleep due to pain. The physical examination of the lumbar spine revealed decreased range of motion and tenderness to palpation in the paraspinal musculature with hypertonicity and decreased range of motion in the right thumb. There was tenderness to palpation noted in the carpometacarpal joint to the right hand. The provider indicated a trial of cyclobenzaprine in an effort to get better pain control. The progress note dated 06/23/2014 revealed complaints of pain rated 10/10. The injured worker indicated he had had acute pain for 16 days. The injured worker indicated he had low back pain with radiation to the lower extremities, left greater than right. The injured worker complained he also experienced numbness to the left leg and pain to the right thumb. His medications had decreased his pain, but not to adequate pain control. The injured worker complained of weakness to the legs and did not feel stable. The physical examination revealed decreased range of motion to the lumbar spine with tenderness to palpation to the lumbar paraspinal musculature and hypertonicity. There was decreased range of motion to the right thumb and tenderness to palpation to the carpometacarpal joint to the right hand with decreased sensation, left greater than right. The Request for Authorization form was not submitted within the medical records. The request was for

topiramate 25 mg #60 for nerve pain and cyclobenzaprine 7.5 mg #90 x2 dispensed for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for the use of neuropathic pain when other anticonvulsants have failed. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore the request for Topiramate 25mg #60 is not medically necessary.

Cyclobenzaprine 7.5 mg #90 x 2 dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The injured worker has been utilizing this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend Flexeril as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the treatment of back pain; the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. There is a lack of documentation regarding efficacy and improved functional status with the use of this medication. The guidelines recommend short term use for this medication, and the injured worker has been on this medication for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore the request for Cyclobenzaprine 7.5 mg #90 x 2 dispensed is not medically necessary.