

Case Number:	CM13-0035926		
Date Assigned:	12/13/2013	Date of Injury:	07/23/2010
Decision Date:	06/23/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 Physician 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 patient is 46 -year-old male who reported injury on 07/23/2010. The mechanism of injury was not provided. The patient's medications were noted to be Topamax and omeprazole. The patient was noted to be taking Topamax once at night which helped with headaches. The patient indicated they had some GI upset with the medications. However, it was noted the patient did not take NSAIDS currently. The patient's diagnoses were noted to include status post closed head injury, persistent cervicogenic versus neurogenic headaches, bilateral shoulder arthralgia with evidence of rotator cuff pathology, lumbar and cervical radiculopathy, left shoulder partial rotator cuff tear, and multiple other diagnoses regarding the lumbar, shoulder and cervical area. An additional diagnosis was noted to be medication induced gastritis. The patient was noted to be trialed on Prilosec 20 mg once in the morning for gastritis. The request additionally was made for Topamax 50 mg #90. It was indicated this was a 3 month supply of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50MG #90: 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 Page(s): 16.

Decision rationale: The California MTUS guidelines indicate that Topiramate (Topamax) is used for neuropathic pain. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. There was a lack of documentation of objective functional improvement with the medication. Additionally, the prescription was noted to be for 3 months and there was a lack of documentation indicating the duration that the employee had been on the medication. Given the above, the request for 1 prescription of Topiramate 50 mg # 90 is not medically necessary.

Omeprazole 20MG #120: 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 NSAIDS Page(s): 69.

Decision rationale: The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. According to the documentation dated 07/24/2013, the employee was noted to stop the medication Prilosec. The employee was noted to have some GI upset with the medications the employee was taking. There was lack of documentation indicating the employee was taking NSAIDS. The medication was previously stopped; there is a lack of documentation indicating the rationale for restarting the same medication. There is a lack of documentation indicating the necessity for a 90 day supply without allowing for re-evaluation. Given the above and the lack of documentation of signs and symptoms of dyspepsia, the request of 1 prescription of Omeprazole 20 mg #120 is not medically necessary.