

<b>Case Number:</b>	CM13-0046270		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and Rehabilitation and is licensed to practice in Florida. 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:

This patient is a 44 year-old with a date of injury of 08/09/13. A progress report associated with the request for services, dated 08/01/13, identified subjective complaints of low back pain with foot drop. There is no mention of gastrointestinal complaints. Objective findings were not listed. Diagnoses included lumbar disc pain with radiculopathy and lumbar facet syndrome. Treatment has included unspecified back surgery in 1992. Ongoing medications include opioids, NSAIDs, and antiseizure agent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section. Page(s): 68-69.

**Decision rationale:** Protonix, a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA,

corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, the patient was prescribed Diclofenac, but there is no documentation of any of the above risk factors. Therefore, the medical record does not document the medical necessity for Protonix.

**DEPAKOTE ER 500MG #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug Section. Page(s): 16-21.

**Decision rationale:** Depakote (valproic acid) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) notes that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that Topamax specifically has shown variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is only considered specifically when other anticonvulsants fail. Due to the lack of supporting data, there is no demonstrated necessity or functional improvement from Depakote in this case.