

<b>Case Number:</b>	CM13-0048821		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/23/1995
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	11/06/2013

### 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 California. 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 a 56-year-old female who reported an injury on 08/23/1995. The mechanism of injury was not provided. The patient's diagnoses were noted to include failed back syndrome cervical, radiculopathy cervical, spondylosis, cervical, and cervicalgia, along with herniation of a cervical disc. The request was made for Nexium and Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; FDA (Nexium).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Section Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Nexium.

**Decision rationale:** The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. As the request was specifically for Nexium, secondary guidelines were sought. The Official Disability Guidelines indicates that a trial of Omeprazole or Lansoprazole is recommended before Nexium therapy. The clinical documentation submitted

for review indicated that the patient was taking Norco, which was noted to cause nausea and stomach pain for the patient. The patient was had tried Prilosec for these side effects, however, it was indicated it did not work as well as Nexium. The clinical documentation submitted for review failed to objectify how Nexium worked better than Omeprazole, as such it lacked documented efficacy. Given the above, the request for Nexium 40 mg capsule, delayed release, 1 tablet once a day (PRN) for 30 days, #30 is not medically necessary or appropriate.

**Topamax 25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; FDA (Nexium).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topamax Section Page(s): 16.

**Decision rationale:** The California MTUS guidelines indicate that Anti-epilepsy drugs are first-line treatment for neuropathic pain. The clinical documentation submitted for review indicated the patient was taking Topamax for neuropathic pain and the patient found it effective and that it helped the patient with their neuropathic arm pain and the patient indicated they could not function without it and their pain was rated at 7/10. However, there was a lack of documentation indicating the objective functional benefit of the requested medication. The patient was additionally noted to be taking Norco concurrently with Topamax. As such, there would be an inability to establish the efficacy of the requested medication. Given the above, the request for Topamax 25 mg tablet, 1 tablet 3 times a day as needed (PRN) for 30 days, #90 is not medically necessary.