

Case Number:	CM14-0013458		
Date Assigned:	02/26/2014	Date of Injury:	01/22/2001
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal Medicine 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 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 is a 49 year-old female patient with a date of injury of 1/22/01. Mechanism of injury is reported to be due to repetitive stress due to standing and twisting. Patient was a cashier. Recent progress report dated 3/15/13 stated chronic neck issues due to work injury. Patient reports migraines about 3 per week and currently uses Imitrex. Patient has complaints of neck pain, bilateral hand numbness and numbness in left foot. On 6/6/13, it is noted that a trial of PPI was initiated due to dysphagia, possible secondary to GERD. Diagnostic impression is cervical spondylosis, left foraminal stenosis, fibromyalgia and Migraines. Treatment to date includes medication management and PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30: Overturned

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 section 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient was documented to have dysphagia and GERD-related symptoms. The guidelines do support the use of Omeprazole in this setting. Therefore, the request for Omeprazole 20mg #30 was medically necessary.

AND TOPIRAMATE 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section 9792.24.2 Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The patient has been documented to have persistent numbness despite already being on gabapentin. Guidelines support the use of Topiramate when other anticonvulsants have failed. This patient has multiple co-existing problems in addition to the chronic pain such as fibromyalgia and migraines. However, there is no evidence that other anticonvulsants have failed. With a 2001 date of injury, response to previous Topiramate therapy was not assessed appropriately. Therefore, the request for Topiramate 50mg #60 is not medically necessary.