

Case Number:	CM14-0117462		
Date Assigned:	08/06/2014	Date of Injury:	12/29/2013
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/27/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41 year-old individual was reportedly injured on 12/29/2013. The mechanism of injury is noted as onset of pain while performing usual and customary duties. The most recent progress note, dated 7/16/2014 indicates that there are ongoing complaints of neck and right shoulder pain. The physical examination demonstrated right shoulder: decreased range of motion, positive diffuse tenderness on the trapezius muscle and posterior right shoulder. Diagnostic imaging studies include an MRI of the upper extremity dated 3/17/2014 which reveals mild tendinopathy of the supraspinatus and infraspinatus tendons. AC joint arthropathy, subacromial bursitis, MRI of the cervical spine dated 4/3/2014 states mild disc desiccation, no herniation or bolts at any level. No foraminal stenosis, canal diameter and spinal cord are normal. Previous treatment includes physical therapy, injection, ultrasound, acupuncture, tens unit, and medications. A request had been made for Topiramate 50 mg #60, Omeprazole 20 mg #60, and was not certified in the pre-authorization process on 7/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS).

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

Decision rationale: Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. After review of the medical records provided there is no object of more subjective clinical findings to necessitate the use of this medication. Therefore this request is deemed not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.