

Case Number:	CM14-0153485		
Date Assigned:	10/17/2014	Date of Injury:	07/14/2008
Decision Date:	11/18/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 patient is a 39 year old male who developed chronic spinal and wrist pain subsequent to a fall on 7/14/08. He suffered thoracic spine fractures and a right wrist fracture. He has been treated with a lumbar fusion and is left with chronic pain in the wrist, back and lower extremities on the visual analog scale (VAS) of 8/10. The leg pain is neuropathic in nature and typical for a post laminectomy syndrome. Medications are reported to give mild pain relief and improve activities of daily living (ADLs). There is no specific documentation of which medications give what level of pain relief. Non-steroidal anti-inflammatory drugs (NSAID's) are not currently utilized and the purpose of proton pump inhibitors (PPI's) is not documented. Mediations are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 121gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines supports the possible use of topical Lidocaine for localized neuropathic pain; however, only FDA approved products (Lidoderm patches) are supported by guidelines. This product is not supported by the guidelines. The Lidopro topical 120 gms is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines do not support the routine use of PPI's (Omeprazole) unless there are specific gastrointestinal (GI) risk factors associated with NSAID use. These risk factors are not identified and no routine NSAID use is documented. These are not benign medications with chronic use associated with increased fractures, lung infections and biological metal dysregulation. The Omeprazole 20mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines do not support the routine use of PPI's (Omeprazole) unless there are specific GI risk factors associated with NSAID use. These risk factors are not identified and no routine NSAID use is documented. These are not benign medications with chronic use associated with increased fractures, lung infections and biological metal dysregulation. The Omeprazole 20mg #60 is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic Opioid.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Opioids ongoing management Page(s): 78, 79.

Decision rationale: MTUS guidelines recommend specific documentation for responsible prescribing of Opioid medications. This specific documentation includes how the medications are utilized, objective measurements of the reported pain relief and how long the pain relief lasts. These guidelines recommendations for responsible prescribing have not been met. There are no

unusual circumstances to justify and exception to the guidelines. At this point in time, the Tramadol ER #150mg #60 is not medically necessary.

Topiramate 25mg #60: 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 Antiepileptic Drugs Page(s): 21.

Decision rationale: MTUS guidelines do not support Topiramate as a first line drug for neuropathic pain. There is no evidence of failed trials of other mainstream anti-epileptic drugs (AED's) prior to the initiation of Topiramate. It appears evident that the Topiramate is not highly effective with a continued VAS of 8/10 and there is no medical explanation why other recommended medications have not been trialed first. Under these circumstances the Topiramate is not supported by the guidelines. The requested Topiramate is not medically necessary.

Topiramate 25mg #60: 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 Antiepileptic drugs Page(s): 21.

Decision rationale: MTUS guidelines do not support Topiramate as a first line drug for neuropathic pain. There is no evidence of failed trials of other mainstream AED's prior to the initiation of Topiramate. It appears evident that the Topiramate is not highly effective with a continued VAS of 8/10 and there is no medical explanation why other recommended medications have not been trialed first. Under these circumstances the Topiramate is not guideline supported. Topiramate is not medically necessary.

12 Cognitive Behavioral therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavior.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental, Cognitive Therapy.

Decision rationale: MTUS Guidelines support the referring patients for rational psychological care and support. ODG provides additional detail regarding the rational use of cognitive therapy as not everyone finds it beneficial or participates to the extent necessary. ODG Guidelines

recommend a trial of 6 sessions over a 6-week period. If there is good participation and noted benefits, the amount of sessions can then be extended. There is no evidence of a trial prior to the request for a full 12 sessions. The lesser request may be consistent with the guidelines, but the request for 12 sessions is not consistent. At this point in time, the 12 sessions of cognitive therapy are not medically necessary.