

Case Number:	CM14-0034013		
Date Assigned:	06/20/2014	Date of Injury:	09/20/2012
Decision Date:	07/30/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; earlier left shoulder surgery in May 2013; unspecified amounts of postoperative physical therapy; psychological counseling; and a sling. In a utilization review report dated February 27, 2014, the claims administrator approved a psychiatry consultation while denying cyclobenzaprine, Topamax, and omeprazole. Portions of the claims administrator's report were very difficult to follow. The claims administrator stated that chronic usage of omeprazole can result in haifa magazine in and osteoporosis. The claims administrator did not incorporate cited guidelines into its rationale. The claims administrator stated that the applicant had been using Topamax since June 2013 and had not demonstrated any benefit through the same. In a progress note dated November 21, 2013, the applicant was described as using cyclobenzaprine, Lidoderm, Lunesta, Norco, Prilosec, Percocet, Topamax, Valium, and Zoloft. The applicant apparently had some history of substance abuse, including tobacco usage and alcohol usage. The applicant was placed off of work, on total temporary disability, on this date. The applicant continued to receive psychological counseling at various points throughout March 2014. In a June 17, 2014 progress note, the applicant was again placed off of work, on total temporary disability. It was stated that omeprazole was being continued owing to the applicant's history of and/or issues with GERD. Flexeril was also continued on this date. It was stated that the applicant had issues with illicit drug use. The applicant was described as having a history of methamphetamine abuse, cocaine abuse, and alcohol abuse, it was stated on this occasion. The applicant was tearful throughout the evaluation, it was stated. The applicant

apparently complained that omeprazole had not been furnished. On May 29, 2014, the applicant apparently specifically denied any gastrointestinal review of systems, it was stated. The applicant was given a prescription for Percocet on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of analgesic, adjuvant, and psychotropic medications. Ongoing addition of cyclobenzaprine to the mix is not recommended. Therefore, the request for Cyclobenzaprine 5 mg is not medically necessary and appropriate.

Topomax 50 MG Twice A Day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 7, 21.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of Topamax as an agent for neuropathic pain when other anticonvulsants failed, this recommendation is qualified by comments made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, ongoing usage of Topamax does not appear to have generated any benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. The applicant remains off work, on total temporary disability, although it is acknowledged that this could be a function of the applicant's mental health issues as opposed to his medical issues. The applicant remains highly reliant and highly dependent on numerous other medications, both oral and topical. There is no evidence of any reduction in dependence on medical treatment achieved through ongoing Topamax usage. Therefore, the request for Topomax 50 mg twice a day is not medically necessary and appropriate.

Omeprazole 20 MG Twice A Day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, the applicant appears to be having issues with stand alone dyspepsia, likely a function, in part, of the applicant's ongoing issues with smoking. It appears that previous issues of omeprazole did keep the applicant's gastrointestinal symptoms at bay. For instance, in May 2014, the applicant was described as denying any gastrointestinal symptoms. In June 2014, however, the applicant did again develop heartburn, which the attending provider imputed to earlier cessation of omeprazole. Therefore, the request for Omeprazole 20 mg twice a day is medically necessary and appropriate.