

Case Number:	CM14-0056369		
Date Assigned:	07/09/2014	Date of Injury:	11/14/2005
Decision Date:	12/25/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/25/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 59 year old female with date of injury 11/14/05. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain radiating to the bilateral upper extremities and low back pain since the date of injury. She has been treated with physical therapy, TENS unit and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the cervical paraspinous musculature bilaterally, positive Tinel's sign, decreased and painful range of motion of the lumbar spine. Diagnoses: cervical degenerative disc disease, lumbar spine degenerative disc disease. Treatment plan and request: Prilosec, Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 po bid QTY: 1.00: 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 NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 59 year old female has complained of neck pain radiating to the bilateral upper extremities and low back pain since date of injury 11/14/05. She has been treated

with physical therapy, TENS unit and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Topiramate 50mg 1po bid QTY: 1.00: 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 Anti-epileptic drugs Page(s): 21.

Decision rationale: This 59 year old female has complained of neck pain radiating to the bilateral upper extremities and low back pain since date of injury 11/14/05. She has been treated with physical therapy, TENS unit and medications. The current request is for Topiramate. Per the MTUS guideline cited above, Topiramate is considered for use in neuropathic pain when other antiepileptic agents have failed. There is no such documentation that other agents have been tried and failed in this patient, or is there clear documentation/ evidence of a neuropathic source of pain. On the basis of the MTUS guidelines and available medical documentation, Topiramate is not indicated as medically necessary in this patient.