

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0079589 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 10/18/2001 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 patient is a 68 year-old female with date of injury 10/18/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/07/2014, lists subjective complaints as pain in the low back. The patient uses a walker for balance and ambulation. Examination of the lower extremities revealed normal muscle tone without atrophy. Left ankle was tender to palpation due to recent surgery. The diagnoses include sprain/strain, lumbar region and sciatica. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as two months. Medications include Pantoprazole (Protonix) 20mg, #60 SIG: take 1 twice daily and Topiramate (Topamax) 25mg, #60 SIG: take 2 tablets at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. The patient's age is over 65 and she is prescribed Motrin as an NSAID. The criteria are met to recommend Protonix. Therefore, this request is medically necessary.

Topiramate (Topamax) 25 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

Decision rationale: A "good" response to the use of an antiepileptic drug such as Topamax has been defined in the MTUS as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. There is no documentation of any of the above criteria.