

Case Number:	CM14-0194190		
Date Assigned:	12/01/2014	Date of Injury:	03/01/2005
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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 had his injury on 3/1/05 and at this point is being treated for thoracic outlet syndrome, irritable bowel syndrome, chronic headaches, and GERD. At this point, she is noted to have slight to intermediate abdominal pain becoming moderate and frequent with anxiety and stress. She also suffers from frequent diarrhea. The patient is also noted to suffer from chronic GERD controlled by Prilosec. Lastly, she has frequent headaches, about 4 per week. The UR declined to authorize Prilosec, Dicyclomine, Topiramate, and Sumatriptan. This decision was contested by the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succin 50 mg # 16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date review; topic 9968 and version 111.0 and topic 3347 and version 31.0

Decision rationale: Sumatriptan is a Triptan medication used to treat migraine headaches. It can be given orally, nasally, subcutaneously, or transdermally. Side effects include paresthesias,

dizziness, flushing, chest discomfort, nausea, emesis, and vision distortion. Warnings include the risk of such events as coronary vasospasm, TIA, CVA, MI, depression, and hypertension. Abortive agents are the best treatment for acute migraine attacks. They include Tylenol, NSAIDs, Triptans, and Dihydroergotamine. The Triptans and dihydroergotamine are generally reserved for treatment of more severe migraine when the headache has responded poorly to such medications as NSAID's. If the patient has nausea or emesis with the headaches non oral routes of administration should be utilized. Attention should be given to the employment of prophylactic regimens of medicine if the headaches are frequent in order to avoid the development of rebound headaches. In this patient we notice she has about 4 headaches per week and she has very possibly developed rebound headaches secondary to the Sumatriptan. The patient is in need of a neurological referral and may need to be titrated off of this medication and have better treatment with prophylaxis medication. The UR was correct in this denial. The request is not medically necessary.

Topiramate 25 mg # 90: 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 Page(s): 21. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date medicine review topic 10006 and version 1370

Decision rationale: Topiramate is an anticonvulsant that has variable efficacy and has failed to demonstrate efficacy in treating neuropathic pain of central etiology. It is considered to treat neuropathic pain when other anticonvulsant agents have failed. Its uses include treatment of seizure disorder and migraine prophylaxis. It has also been tested for treatment of obesity but has limited usefulness because of its side effects. Some of the side effects include paresthesias, anxiety, ataxia, dizziness, depression, increase in ammonia levels, abdominal pain, URI, HBP, hyperthyroidism, diplopia, and renal stones. In the above patient we note that she is having about 4 migraine headaches a week. She is in need of better prophylaxis against migraine and a neurological consult would be in order. There are other meds which could be utilized which perhaps may be more beneficial and with less side effects. The UR was correct in the denial of this medication. The request is not medically necessary.

Omeprazole DR 20 mg # 60: Overturned

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 Page(s): 68 and 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date topic 9718 and version 139.0

Decision rationale: Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic

GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. The patient has a clear history of GERD and Prilosec is noted to be efficacious in its treatment. The UR decision should be reversed and this med should be continued. Therefore the request is medically necessary.

Dicyclomine 10 mg # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date topic 2631 and version 28.0 and topic 9350 and version 120.0

Decision rationale: Dicyclomine or bethyl is an anticholinergic agent used to treat Irritable syndrome or IBS which is a disorder of GI motility and causing abdominal pain, spasms, diarrhea, and constipation. Side effects include dizziness, nausea, blurred vision, and weakness. Treatment of IBS is initially based on diet by avoiding gas producing foods such as celery, prunes, onions, bananas, alcohol, and caffeine. This is augmented by such activities as exercise. If this is not efficacious medicines are used. In IBS with constipation such agents as PEG or polyethylene glycol is used. If the patient has diarrhea symptoms antidiarrheals such as bile acid sequestrants are used. If abdominal pain caused by spasms are noted meds such as Dicyclomine or levsin are utilized. Also, at times antidepressants or probiotics or a gluten free diet may be beneficial. In the above patient, we have a history of IBS which appears to be more dominated by diarrheal symptoms. Therefore, antidiarrheals such as a bile sequestrant medicine such as Questran may be more beneficial. Therefore, the UR was justified in its denial of this medicine. The request is not medically necessary.