

Case Number:	CM15-0106349		
Date Assigned:	06/10/2015	Date of Injury:	04/25/2011
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injured worker is a 46-year-old female, who sustained an industrial injury on 4/25/11. The diagnoses have included lumbosacral sprain, lumbar disc protrusion, radiculopathy and radiculitis, lumbar facet syndrome, bilateral sacroiliitis, discogenic cervical condition with facet inflammation, left hip sprain, strain and chronic pain syndrome. She has a history of hypertension and diabetes. Treatment to date has included medications, activity modifications, off work, diagnostics, physical therapy, chiropractic, psychiatric, cane, back brace, hot and cold wrap, Transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the orthopedic surgeon physician progress note dated 4/23/15, the injured worker complains of neck pain and headaches, low back pain, spasms and stiffness. She walks with the use of a cane and uses a back brace. The objective findings reveal that there is tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. The injured worker is not working. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12/6/13 and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities dated 10/2/14. The current medications included Norco, Topamax, Protonix, Tramadol, and Flexeril. The urine drug screen dated 11/4/14 was consistent with medications prescribed. The physician requested treatments included Norco 10/325mg #90, Topamax 50mg #60 and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, When to Continue Opioids, Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 46-year-old female with an injury on 04/25/2011. She has neck pain, back pain and chronic pain syndrome. On 04/23/2015, she had lumbar paraspinal muscle tenderness. She was not working. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, request is not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16 - 21.

Decision rationale: The patient is a 46-year-old female with an injury on 04/25/2011. She has neck pain, back pain and chronic pain syndrome. On 04/23/2015, she had lumbar paraspinal muscle tenderness. She was not working. There is no documentation of neuropathic pain and even then Topamax has variable efficacy and is not the first line medication in this anti-epilepsy class of medications (page 21 MTUS, Chronic Pain). Topamax is FDA approved for the treatment of a seizure disorder or preventing migraine headaches, neither condition is present in this patient. The request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 46-year-old female with an injury on 04/25/2011. She has neck pain, back pain and chronic pain syndrome. On 04/23/2015, she had lumbar paraspinal

muscle tenderness. She was not working. Protonix is a proton pump inhibitor (PPI). MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.