

<b>Case Number:</b>	CM15-0168444		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/27/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42 year old female, who sustained an industrial injury on May 27, 2014. She reported back and tailbone pain. The injured worker was diagnosed as having fracture of sacrum or coccyx-closed, sciatica, and neck pain. Medical records (May 26, 2015 to July 30, 2015) indicate ongoing low back pain, rated at 9 out of 10, with continued numbness and tingling in her left lower extremity. There was ongoing neck pain with intermittent numbness and tingling into her upper extremities, particularly the right upper extremity. Records also indicate she uses Protonix for gastrointestinal protection due to non-steroidal anti-inflammatory medication use, she does not use Gabapentin due to drowsiness, and she reported nausea, but no other gastrointestinal symptoms. Per the treating physician (July 30, 2015 report), the injured worker is able to perform her previous occupation, with preclusions for prolonged sitting greater than 15 minutes and no walking greater than 90 minutes. The physical exam (March 4, 2015 to July 30, 2015) reveals no gait abnormality, normal musculoskeletal muscle tone of the bilateral upper and lower extremities, 5 out of 5 musculoskeletal strength, and tenderness over the spinous processes at C4 (cervical 4), C7 (cervical 7), and T1 (thoracic 1) levels. There was tenderness over the right periscapular area and 2+ deep tendon reflexes of the biceps, triceps, and brachioradialis. There was no documentation of an abdominal exam included in the physical exam. Treatment has included rest, physical therapy, and medications including proton pump inhibitor (Protonix since at March 4, 2015), pain, and non-steroidal anti-inflammatory. On (Date of RFA), the requested treatments included Topiramate (Topamax) 25mg and Pantoprazole

(Protonix) 20mg. On August 12, 2015, the original utilization review non-certified requests for Topiramate (Topamax) 25mg, quantity 60 and Pantoprazole (Protonix) 20mg, quantity 60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Topiramate (Topamax) 25mg quantity 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17; 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21. Decision based on Non-MTUS Citation Topamax prescribing information.

**Decision rationale:** The claimant sustained a work injury in May 2014 when she fell and sustained a fracture of the sacrum and the coccyx. She continues to be treated for low back and buttock pain with radicular symptoms. Physical examination findings included spinous process and periscapular tenderness. Naprosyn, pantoprazole, and gabapentin were being prescribed. The claimant's gabapentin dose was 1200 mg per day but she was having drowsiness and was not taking this medication. Medications were refilled and Topamax at a dose of 25 mg two times per day was started. In March 2015 ibuprofen had been prescribed. She had a negative past medical history. Naprosyn was prescribed with Protonix for gastrointestinal prophylaxis. Anti-epilepsy drugs (anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain and the claimant had intolerance of gabapentin. Recommended initial dosing is 50 mg per day in two divided doses. The dose being prescribed is within recommended guidelines and was medically necessary.

#### **Pantoprazole (Protonix) 20mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in May 2014 when she fell and sustained a fracture of the sacrum and the coccyx. She continues to be treated for low back and buttock pain with radicular symptoms. Physical examination findings included spinous process and periscapular tenderness. Naprosyn, pantoprazole, and gabapentin were being prescribed. The claimant's gabapentin dose was 1200 mg per day but she was having drowsiness and was not taking this medication. Medications were refilled and Topamax at a dose of 25 mg two times per day was started. In March 2015 ibuprofen had been prescribed. She had a negative past medical history. Naprosyn was prescribed with Protonix for gastrointestinal prophylaxis. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs

are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no definite history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and this medication was originally prescribed for prophylaxis. Ongoing prescribing of a proton pump inhibitor such as Protonix (pantoprazole) is not considered medically necessary.