

Case Number:	CM15-0183686		
Date Assigned:	09/24/2015	Date of Injury:	05/01/2009
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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 58 year old male, who sustained an industrial injury on 5-01-2009. The injured worker was being treated for cervical stenosis, cord compression, diabetes, and elevated liver tests. Treatment to date has included diagnostics and medications. A progress report dated 12-04-2014 referenced a refill of medications, including Gabapentin, Topiramate, Naproxen, Oxycodone, and Amitriptyline, and removal of Norco due to mildly elevated liver function tests. Currently (7-30-2015), the injured worker complains of constant neck pain associated with numbness and tingling and pins and needles sensation. Pain was rated 8 out of 10, "alleviated with rest", and unchanged from 6-18-2015. Objective findings for the lumbar spine included a non-antalgic gait, normal lordosis, range of motion "normal with flexion and extension and lateral rotation", full range of motion of the hips, knees and ankles, intact sensation L2-S1, normal tone with no muscle spasms, and motor strength 5 of 5. Examination of the cervical spine noted positive Lhermitte's sign, Flexion and extension "limited due to pain", tenderness to palpation diffusely throughout the cervicothoracic musculature, reduced sensation in the right hand, upper extremity myotomes 5 of 5, "diminished deep tendon reflexes", and positive Hawkin's test. Examination of the chest, abdomen, and torso noted only "without rashes or lesions". Work status was total temporary disability. Per the progress report (7-31-2015-Initial Evaluation), the evaluating physician personally reviewed magnetic resonance imaging, noting "severe stenosis at C3-C4, C4-C5 and C5-C6 with possible cord signal change" and "at C6-7, it demonstrates moderate stenosis with severe right neural foraminal narrowing and moderate left neural foraminal narrowing". It was documented that x-rays demonstrated "loss of lordosis with mild cervical spondylosis with straightening of the normal lordosis". Per the request for authorization dated 7-30-2015, the treatment plan included Gabapentin, Amitriptyline,

Oxycodone, Topiramate 100mg #30, Naproxen 500mg #60, and Omeprazole 20mg #60. On 8-21-2015, Utilization Review non-certified the requested Topiramate, Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a history of cumulative trauma work injury with date of injury in May 2009. He has neck and bilateral upper extremity pain with diagnoses including bilateral carpal tunnel syndrome and severe cervical spinal stenosis with cord compression. His past medical history includes diabetes, hypertension, hypercholesterolemia, plantar fasciitis, depression, bronchitis, and migraines. His diabetes is poorly controlled and he has not been able to receive clearance for recommended cervical spine surgery. When seen, there was decreased and painful cervical spine range of motion with diffuse tenderness. Lhermitte's sign was positive. 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. The dose being prescribed is within recommended guidelines and prior medications have included gabapentin. The claimant has neuropathic pain due to carpal tunnel syndrome, cervical spinal stenosis, and diabetes. Continued prescribing was medically necessary.

Naproxen 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a history of cumulative trauma work injury with date of injury in May 2009. He has neck and bilateral upper extremity pain with diagnoses including bilateral carpal tunnel syndrome and severe cervical spinal stenosis with cord compression. His past medical history includes diabetes, hypertension, hypercholesterolemia, plantar fasciitis, depression, bronchitis, and migraines. His diabetes is poorly controlled and he has not been able to receive clearance for recommended cervical spine surgery. When seen, there was decreased and painful cervical spine range of motion with diffuse tenderness. Lhermitte's sign was positive. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.

Omeprazole 20mg #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, Proton pump inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant has a history of cumulative trauma work injury with date of injury in May 2009. He has neck and bilateral upper extremity pain with diagnoses including bilateral carpal tunnel syndrome and severe cervical spinal stenosis with cord compression. His past medical history includes diabetes, hypertension, hypercholesterolemia, plantar fasciitis, depression, bronchitis, and migraines. His diabetes is poorly controlled and he has not been able to receive clearance for recommended cervical spine surgery. When seen, there was decreased and painful cervical spine range of motion with diffuse tenderness. Lhermitte's sign was positive. 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 documented history of dyspepsia secondary to his current non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not considered medically necessary.