

<b>Case Number:</b>	CM15-0206159		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old female who sustained a work-related injury on 5-19-12. Medical record documentation on 9-16-15 revealed the injured worker was being treated for chronic pain syndrome, neck pain, low back pain, cervical spondylosis without myelopathy, chronic cervical sprain, arthropathy of the lumbar facet joint, lumbosacral spondylosis without myelopathy, myalgia, headache, sciatica, and lumbar-thoracic radiculopathy. She reported low back pain and neck pain with no change in character or location. She rated her pain with half medications a 7-8 on a 10-point scale and rated her pain without medications a 9 on a 10-point scale. Her medication regimen included Norco 10-325 mg (since at least 3-25-15), Pantoprazole 20 mg, Topamax 2mg (since at least 6-24-15) and transdermal pain cream. Objective findings related to her cervical spine, thoracic spine and lumbar spine were documented as "unchanged." Previous treatment included physical therapy, NSAIDS, TENS unit and various medication trials for greater than six months without benefit. The injured worker was status post left L3-L4 and L4-L5 lumbar transforaminal epidural steroid injection on 7-30-15 with ongoing benefit. She was s/p cervical epidural steroid block on 4-22-15. A request for Omeprazole 20 #60, Topamax 200 mg #30 and Norco 10-325 mg #30 was received on 9-22-15. On 10-6-15, the Utilization Review physician determined Omeprazole 20 mg #60 and Topamax 200 mg #30 was not medically necessary and modified Norco 10-325 mg #30 to #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 1 tab PO BID PRN 60/30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was previously on NSAIDs but they did not provide benefit. The claimant is no longer on NSAIDs. Omeprazole was used for several months. Long-term use is not recommended. Therefore, the continued use of Omeprazole is not medically necessary.

**Topamax 200mg 1 tab QD 30/30: Upheld**

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

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

**Decision rationale:** According to the guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the claimant has only a 1-2 point improvement with the use of Topamax and Norco. There was no mention of tricyclic or Gabapentin failure. Continued use is not medically necessary.

**Norco 10/325mg 30/30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. There was no mention of Tricyclic or weaning failure. The continued use of Norco is not medically necessary.