

Case Number:	CM15-0033314		
Date Assigned:	02/26/2015	Date of Injury:	04/27/2012
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old female, who sustained an industrial injury on April 27, 2012. The diagnoses have included chronic neck pain, right de Quervain's tenosynovitis, right shoulder adhesive capsulitis, right rotator cuff tendinitis with impingement, anxiety, and left shoulder pain. Treatment to date has included splinting, occupational therapy, psychotherapy, and medications. Currently, the injured worker complains of persistent right wrist and hand pain, right shoulder pain, neck pain associated with tightness radiating to the right upper extremity. The Primary Treating Physician's report dated December 23, 2014, noted an electromyography (EMG)/nerve conduction study (NCS) done on October 1, 2013, which showed right median sensory neuropathy at the wrist, mild in severity. Physical examination was noted to show tenderness in the right acromioclavicular joint more so than the glenohumeral joint, with right shoulder abduction and flexion associated with pain. Tenderness was noted in the right wrist and at the base of the right thumb associated with swollen feeling in the right abductor pollicis Brevis muscle, with tenderness was noted in the right forearm musculature. On January 22, 2015, Utilization Review non-certified Topamax 50mg PO BID #60, Meloxicam 7.5mg PO BID #60, and Omeprazole 20mg PO QD #30, noting that the records lacked evidence of objective functional benefit with medication use of the Topamax and Meloxicam, with documentation lacking of gastrointestinal (GI) complaints and /or risk of gastrointestinal (GI) disturbance for the Omeprazole. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Topamax 50mg PO BID #60, Meloxicam 7.5mg PO BID #60, and Omeprazole 20mg PO QD #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg per oral twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) antiepileptic drugs Page(s): 21, 16-17.

Decision rationale: Per the 02/13/15 report the patient presents with persistent pain in the right shoulder, wrist and hand rated 7/10 along with intermittent headaches. Her diagnoses include Chronic neck pain. The current request is for TOPAMAX 50mg PER ORAL TWICE A DAY #60. The RFA is not included. The 01/22/15 utilization review states the requestor date is 01/15/15. The report states the patient is to return to modified work 03/31/15. Regarding Topiramate (Topamax), MTUS Guidelines page 21 states "Topiramate 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." The reports provided for review show the patient has been prescribed this medication since before 09/12/14 and that it is intended for neuropathic pain. On 09/12/14 the treater states that this medication helps some of the patient's symptoms and on 11/21/14 the treater states that pain medications including this one help the patient's symptoms. In this case, the medication is indicated for neuropathic pain that is post-herpetic neuralgia and pain polyneuropathy, and no clinical evidence has been provided for these conditions. The MTUS guidelines state there has been a failure of the medication to demonstrate efficacy for neuropathic pain of central etiology, and the reports provided starting 09/12/14 do not document a failed trial of other anticonvulsants. In this case, the request IS NOT medically necessary.

Meloxicam 7.5 mg, PO BID #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: Per the 02/13/15 report the patient presents with persistent pain in the right shoulder, wrist and hand rated 7/10 along with intermittent headaches. The current request is for MELOXICAM 7.5mg PO BID #60. The RFA is not included. The 01/22/15 utilization review states the requestor date is 01/15/15. The report states the patient is to return to modified work

03/31/15. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also states comprehensive clinical trials support NSAIDS in lower back pain. The reports provided state that this medication is for inflammation and pain and show that it was prescribed for the patient from before 09/12/14 to 02/13/15. The 11/21/14 report states that pain medications including Meloxicam, Topamax, Baclofen, Gabapentin and Tramadol help the patient's pain. In this case, this medication is indicated for the patient's pain and the treater has stated that it helps the patient. The request IS medically necessary.

Omeprazole 20 mg, PO QD #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: Per the 02/13/15 report the patient presents with persistent pain in the right shoulder, wrist and hand rated 7/10 along with intermittent headaches. The current request is for OMEPRAZOLE, 20mg, PO QD#30. The RFA is not included. The 01/22/15 utilization review states the requester date is 01/15/5. The report states the patient is to return to modified work 03/31/15. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treater does not discuss this medication in the reports provided from 09/12/14 to 02/13/15. It is listed on the list of medications on the 10/15/14 report. The patient is prescribed an NSAID "Meloxicam" as of the date of the request. After the date of this request on 02/13/15 the treater does state that Meloxicam was causing the patient GI upset. The MTUS guidelines allow for the prescription of a PPI for patients with dyspepsia. However, the reports do not discuss whether or not it helps the patient as required by the MTUS guidelines. The request IS NOT medically necessary.