

Case Number:	CM15-0033578		
Date Assigned:	02/27/2015	Date of Injury:	06/06/2013
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
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: Maryland

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

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 51 year old man sustained an industrial injury on 6/6/2013. The mechanism of injury is not detailed. Current diagnoses include lumbar facet arthropathy, left lumbar radiculitis, bilateral hip osteoarthritis, and bilateral knee pain with the right worse than the left. Treatment has included oral medications. Physician notes dated 1/23/2015 show complaints of low back pain rated 8/10. Recommendations include ophthalmology consultation, bilateral lumbar medical branch blocks, continue Topamax, increase nortriptyline, initiate Ibuprofen and Prilosec, and awaiting the start of psychological therapy. On 2/3/2015, Utilization Review evaluated prescriptions for Topamax 50 mg #60 with four refills, Topamax 2 #60 with four refills, Prilosec 20 mg #309 with four refills, Ibuprofen 600 mg #60, and ophthalmology consultation for bilateral eyes that were submitted on 2/23/2015. The UR physician noted the following: regarding Topamax, there is no documentation submitted supporting functional improvement with this medication. However, abrupt discontinuing is not recommended. Regarding Prilosec, this is being utilized to combat gastrointestinal prophylaxis due to the NSAID. However, since the NSAID is not approved, this medication is not medically necessary. Regarding the Ibuprofen, there is no documentation of functional improvement with use of this medication. Regarding ophthalmology, there are no vision problems specified and no eye examination documented to support the need for specialized evaluation and treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied, Topamax was modified, and all were submitted for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60 with 4 refills: Upheld

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

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

Decision rationale: Topamax 50mg #60 with 4 refills is not medically necessary per the MTUS Guidelines. The MTUS states that Topamax is still considered for use for neuropathic pain when other anticonvulsants fail. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs (antiepilepsy drugs) depends on improved outcomes versus tolerability of adverse effects. The documentation does not indicate evidence of functional improvement or significant pain relief from prior Topamax therefore this request is not medically necessary.

Topamax 2 #60 with 4 refills: Upheld

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

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

Decision rationale: Topamax 2 #60 with 4 refills is not medically necessary per the MTUS Guidelines. The MTUS states that Topamax is still considered for use for neuropathic pain when other anticonvulsants fail. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs (antiepilepsy drugs) depends on improved outcomes versus tolerability of adverse effects. The documentation does not indicate evidence of functional improvement or significant pain relief from prior Topamax therefore this request is not medically necessary.

Prilosec 20mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec 20mg #30 with 4 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has complaints of NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for Ibuprofen and therefore the patient does not require a proton pump inhibitor such as Prilosec.

Ibuprofen 600mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ibuprofen 600mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension and can cause fluid retention, edema, and rarely, congestive heart failure. The MTUS Guidelines also state that for chronic low back pain: NSAIDs are recommended as an option for short-term symptomatic relief. The documentation indicates that the patient has been on this since at least Nov. of 2014 without evidence of functional improvement or significant pain relief. The 11/19/14 document indicates the patient's blood pressure was 157/94 and the 1/23/15 blood pressure was 163/89. There was no discussion of these readings in the documentation and the MTUS states that NSAIDs can further increase blood pressure. For these reasons and no evidence of efficacy of prior Ibuprofen, the request is not medically necessary.

Consult with ophthalmologist for bilateral eyes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye-office visits.

Decision rationale: Consult with ophthalmologist for bilateral eyes is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M)

outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The documentation is not clear on a rationale for an ophthalmologist consult. The documentation does not reveal an ocular history and physical prior to a suggesting a referral. The request for an ophthalmologist consult is not medically necessary.