

<b>Case Number:</b>	CM15-0051246		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 53-year-old female, with a reported date of injury of 06/18/2012. The diagnoses include wrist joint inflammation, with triangular fibrocartilage complex (TFCC) ligament tear and chronic regional pain syndrome. Treatments to date have included a bone scan, oral medications, an MRI of the right wrist, x-rays of the right wrist and hand, and occupational therapy. The medical report dated 02/24/2015 indicates that the injured worker had persistent right wrist pain. The objective findings include decreased wrist flexion, inability to grip or grasp, swelling in the fingers, increased sensitivity along the entire arm, and generalized weakness on the right, which was partially due to guarding. The treating physician requested Protonix and Topiramate to help with neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 50 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (AEDs) Page(s): 21.

**Decision rationale:** The use of topiramate is clearly addressed by the MTUS guidelines with respect to use in cases of chronic pain. 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 fail. The provided documents do not provide clear evidence that previous attempts at treatment with first-line anticonvulsants have failed, and therefore given the provided records and the position of the MTUS, the request for treatment with topiramate cannot, at this time, be considered medically necessary.

**Protonix 20 MG #60:** 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 & cardiovascular risk Page(s): 68-69.

**Decision rationale:** It has been stated by utilization review with non-certifications for Protonix that the patient is not currently at high risk for gastrointestinal complications. Provided clinical notes request protonix but the most recent note (February 24, 2015) provides no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is not formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Protonix being non-certified is reasonable as clarification of need prior to continue treatment is warranted. If, in fact, the patient continues to have stomach upset from medications, or if the primary treating physician has legitimate concern for gastrointestinal complications due to continued pharmacologic treatment, the concerns should be clearly documented in order to facilitate future decision-making. At this time, the request for protonix is not considered medically necessary based on the provided documents.