

Case Number:	CM15-0053706		
Date Assigned:	03/27/2015	Date of Injury:	10/08/2010
Decision Date:	05/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 48 year old female, who sustained an industrial injury on 10/08/2010. She reported cervical pain with radiation to the right upper extremity while lifting a heavy couch. The injured worker was diagnosed as having discogenic cervical condition, impingement syndrome of the right shoulder, status post decompression with labral repair 9/2013, shoulder stiffness, due to chronic pain (weight loss, anxiety, sleep disorder, and depression), and right elbow ulnar nerve neuritis. Treatment to date has included diagnostics, epidural injections, and medications. Currently, the injured worker was seen for follow-up on her neck and right shoulder. It was documented that she did not have physical therapy after surgery and now has a stiff shoulder and would like further surgery. Tenderness and tightness were noted along the facet and cervical spine. Tenderness was also noted in the ulnar area, trapezius and shoulder girdle area bilaterally. Decreased sensation was noted in the C5-6 and C6-7 distributions, right in comparison to the left. The treatment plan included gastrointestinal and psychiatric consultations, and medications including Norco, Xanax, Ultracet, Effexor, Topamax, Nalfon, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax)antiepileptic drugs for chronic pain Medications for chronic pain Page(s): 21, 16-17, 60.

Decision rationale: Based on the 02/02/15 progress report provided by treating physician, the patient presents with pain to neck and right shoulder, and shooting pain in the arm with difficulty along the ulnar distribution of hand. The request is for TOPAMAX 50MG #60. Patient is status post decompression with labral repair, September 2013. Patient's diagnosis per Request for Authorization form dated 02/02/15 includes ulnar nerve lesion. Diagnosis on 02/02/15 included discogenic cervical condition with MRI showing disc disease at C3-4 and C6-7, with remarkable EMG; right shoulder impingement syndrome; elements of weight loss, anxiety, sleep disorder and depression due to chronic pain. Patient medications include Norco, Xanax, Ultracet, Effexor, Topamax, Nalfon, and Protonix. Patient has not worked since 10/08/10, per treater report dated 03/06/15. MTUS Guidelines page 21, "Topiramate (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 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. Per progress report dated 02/02/15, Topamax is prescribed "for headaches and radicular components." MTUS Guidelines support antiepileptic medications for the use of neuropathic pain, which was documented. Patient was prescribed Gabapentin on 11/19/14, per medication history, and it appears treater is initiating Topamax per 02/02/15 report. However, there is no mention of Topamax in subsequent progress report dated 03/06/15, and no documentation of pain and functional improvement with the use of Topamax. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request does not meet MTUS criteria. Therefore, the request IS NOT medically necessary.

Nalfon 400mg #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 Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 02/02/15 progress report provided by treating physician, the patient presents with pain to neck and right shoulder, and shooting pain in the arm with difficulty along the ulnar distribution of hand. The request is for NALFON 400MG #60. Patient is status post decompression with labral repair, September 2013. Patient's diagnosis per Request for

Authorization form dated 02/02/15 includes ulnar nerve lesion. Diagnosis on 02/02/15 included discogenic cervical condition with MRI showing disc disease at C3-4 and C6-7, with remarkable EMG; right shoulder impingement syndrome; elements of weight loss, anxiety, sleep disorder and depression due to chronic pain. Patient medications include Norco, Xanax, Ultracet, Effexor, Topamax, Nalfon, and Protonix. Patient has not worked since 10/08/10, per treater report dated 03/06/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Nalfon is included in patient's medications per treater report dated 02/02/15. Given patient's continued symptoms, the request for this anti-inflammatory would appear to be indicated. However, per progress report dated 02/02/15, treater states that the patient "is allergic to NSAIDs." This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Protonix 20mg #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, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 02/02/15 progress report provided by treating physician, the patient presents with pain to neck and right shoulder, and shooting pain in the arm with difficulty along the ulnar distribution of hand. The request is for PROTONIX 20MG #60. Patient is status post decompression with labral repair, September 2013. Patient's diagnosis per Request for Authorization form dated 02/02/15 includes ulnar nerve lesion. Diagnosis on 02/02/15 included discogenic cervical condition with MRI showing disc disease at C3-4 and C6-7, with remarkable EMG; right shoulder impingement syndrome; elements of weight loss, anxiety, sleep disorder and depression due to chronic pain. Patient medications include Norco, Xanax, Ultracet, Effexor, Topamax, Nalfon, and Protonix. Patient has not worked since 10/08/10, per treater report dated 03/06/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Protonix is included in patient's medications, per 02/02/15 progress report. Treater states that based on QME report in 2012, "it was told [the patient] needed GI irritation specialist and psychiatrist, but it has not happened yet..." Treater plans GI and psych consultation. It appears the patient has a history of GI irritation and treater is initiating Protonix. There are no other

discussions pertaining to GI issues. Treater is requesting Nalfon as well and may be intending prophylactic use of this PPI. However, treater states that the patient "is allergic to NSAIDs," per 02/02/15 report. Based on guidelines, prophylactic use of Protonix cannot be warranted since patient is not supposed to be on NSAID therapy. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.