

Case Number:	CM14-0121080		
Date Assigned:	09/16/2014	Date of Injury:	05/21/2008
Decision Date:	10/22/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old female who was reportedly injured on 06/21/2008. The last progress report dated 06/26/2014 noted pain to the trapezius muscle rating 7/10, shoulder pain and upper/middle/lower back pain 5/10. Right shoulder and upper/lower back pain worsening in cold weather and also causing disturbance to sleep. Antalgic gait noted. Decreased range of motion noted in the cervical, thoracic and lumbar spine. A request was made for phys med tx init 30 min ultrasound, topamax topiramate tablets 100mg, omeprazole capsules 20mg and was not certified on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYS MED TX INIT 30 MIN ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): PAGE 300, 203, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ultrasound , Therapeutic

Decision rationale: This is a 43-year-old female claimant who was reportedly injured on 06/21/2008. The claimant has chronic chest wall, right shoulder and neck pain. There is no objective evidence of neuropathic pain. The request is for therapeutic ultrasound. ODG does not support the use passive modalities during the chronic phase of care. ACOEM holds that ultrasound and passive modalities provide only short term relief of symptoms but prolonged use may engender therapeutic dependence. Therefore the request for therapeutic ultrasound is not medically necessary.

TOPAMAX TOPIRAMATE TABLETS 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPIRAMATE Page(s): PAGE 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topiramate

Decision rationale: This is a 43-year-old female claimant who was reportedly injured on 06/21/2008. The claimant has chronic chest wall, right shoulder and neck pain. There is no objective evidence of neuropathic pain. The request is for Topiramate, an anti-epilepsy drug. However given the lack of any objective evidence of efficacy, the medication is not medically necessary.

OMEPRAZOLE CAPSULES 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OMEPRAZOLE Page(s): PAGE 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole, NSAIDs and SSRIs Page(s): 69.

Decision rationale: This is a 43-year-old female claimant who was reportedly injured on 06/21/2008. The claimant has chronic chest wall, right shoulder and neck pain. There is no objective evidence of gastrointestinal symptoms or pain. The request is for Omeperazole, a proton pump inhibitor drug. However given the lack of any NSAID having been prescribed and the lack of any history of Peptic Ulcer Disease, the requested Prilosec/Omeperazole is not medically necessary.