MAXIMUS Federal Services

Case Number:	CM14-0122793		
Date Assigned:	09/16/2014	Date of Injury:	05/06/2013
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The records, presented for review, indicate that this 29-year-old female was reportedly injured on May 6, 2013. The most recent progress note, dated June 18, 2014, indicated that there were ongoing complaints of neck pain, wrist pain, left shoulder pain, and low back pain. Current medications include Topamax and Prilosec. The physical examination demonstrated left shoulder strength of 4/5 with flexion and abduction. There was a positive left-sided Tinel's test and Phalen's test. The remainder of upper extremity neurological examination was normal. Diagnostic imaging studies of the left shoulder indicated mild tendinosis of the supraspinatus tendon. An MRI of the cervical spine revealed a disc bulge at C5-C6. Previous treatment included a left carpal tunnel release and a right carpal tunnel release as well as physical therapy. A request had been made for Topamax, Prilosec, and Lidoderm patches and was not certified in the pre-authorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 150mg BID #120: 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 Page(s): 16, 21.

Decision rationale: The MTUS supports the use of anticonvulsants for neuropathic pain but notes that Topiramate may be used as a 2nd line agent, after other anti-convulsant have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anti-convulsant have been trialed. Additionally, there is a normal upper extremity neurological examination. As such, the request for Topamax is not medically necessary.

Prilosec 20mg BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition. Chapter: Pain, Prilosec (omeprazole) See Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Lidoderm Patches #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the injured employee has a normal neurological examination. As such, this request for lidocaine patches is not medically necessary.