

Case Number:	CM14-0125556		
Date Assigned:	08/11/2014	Date of Injury:	09/17/2004
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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:

This 37 year-old patient sustained an injury on 9/17/04 during defense training while employed by [REDACTED]. Request(s) under consideration include Topamax 25mg #90, Lidoderm 5% #90, and Protonix 40mg #30. Diagnoses include cervical disc degeneration; myalgia and myositis; and tension headache. Conservative care included medications, physical therapy, TENS (Transcutaneous Electric Nerve Stimulation), home exercise program (HEP), Toradol injection, acupuncture, trigger point injections, epidural injections, facet blocks, and modified activities/rest. Report of 6/25/14 from the provider noted the patient with chronic pain and discogenic pain syndrome. Exam showed cervical tightness, trigger points at bilateral levator and suboccipital muscle groups. Current treatment plan has reduced 50% of pain symptom and was recommended to continue. The request(s) for Topamax 25mg #90, Lidoderm 5% #90, and Protonix 40mg #30 were non-certified on 7/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-seizure medication.

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

Decision rationale: Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different Non-Steroid Anti-Inflammatory Drugs (NSAIDs), aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports. As such, Topamax 25mg #90 is not medically necessary and appropriate.

Lidoderm 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidoderm patch.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. As, such Lidoderm 5% #90 is not medically necessary and appropriate.

Protonix 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD (Gastroesophageal Reflux Disease), or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this

medication. Therefore, the request of the Protonix 40mg #30 is not medically necessary and appropriate.