MAXIMUS Federal Services

| Case Number: | CM15-0178881 | | |
|---|---|---|---|
| Date Assigned: | 09/21/2015 | Date of Injury: | 02/08/2006 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

## 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: Arizona, California
Certification(s)/Specialty: Family Practice

## 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 63 year old female, who sustained an industrial-work injury on 2-8-06. She reported initial complaints of visual deficits, headaches, and facial drooping. The injured worker was diagnosed as having horseshoe tear of retina, neuralgia-neuritis, contusion of eyeball, subluxation of lens, and left traumatic hyphema. Treatment to date has included medication and diagnostics, consultations for ENT and neurology, and left eye surgery. Currently, the injured worker complains of lack of vision and dry eyes. There is a history of bilateral open angle glaucoma. The left eye has sharp, constant 8 out of 10 pain that is worse with weather changes, better with rest, medication, and darkness. There are headaches that are sharp and constant and rated 8-9 out of 10. Dyspepsia was better with omeprazole. Per the primary physician's progress report (PR-2) on 8-5-15, exam was unchanged with reduced vision after suturing and requested to proceed with further surgery to repair her lens implant. Exam notes DTR (deep tendon reflexes) 2+, sensation intact, motor strength at 5 out of 5, and only able to see shadows in the left eye. The Request for Authorization date was 8-5-15 and requested service to include Tylenol No 3 #20, Omeprazole 20 mg #100, and Topamax 50 mg #60. The Utilization Review on 8-11-15 denied the request for Tylenol #3 due to no documented functional improvement with use and previously modified for weaning; Omniprazole was modified to #50 due to comply with dosage recommendation; and Topamax #60 is modified to #45 and considered for neuropathic pain when other first line anticonvulsants fail but with no documentation for support and to initiate the weaning process, per CA MTUS (California

Medical Treatment Utilization Schedule) Chronic Pain Treatment Guidelines and ODG ( Official Disability Guidelines).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No 3 #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** Tylenol #3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #3 for a year without significant improvement in pain or function. There was no mention of Tylenol (alone), NSAID, Tricyclic or weaning failure. The continued use of Tylenol #3 is not medically necessary.

**Omeprazole 20 mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Although, there is mention of dyspepsia, that is not a criteria for prolonged PPI use. Therefore, the continued use of Omeprazole is not medically necessary.

**Topamax 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** 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 fail. In this case, the claimant has traumatic eye pain. There is no mention of failure of 1st line medications or other antiepileptics. Pain score reduction with its use is not noted. Continued use of Topamax is not medically necessary.