

Case Number:	CM15-0028451		
Date Assigned:	02/20/2015	Date of Injury:	08/18/2004
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/16/2015

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: North Carolina, Georgia
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 52 year old male, who sustained an industrial injury on 8/18/04. He has reported right elbow injury. The diagnoses have included status post right epicondyle surgery (2006 and 2008), bilateral upper extremity injury, chronic pain and poor coping with chronic pain. Treatment to date has included heat therapy, oral medications and surgery. Currently, the injured worker complains of right elbow pain increased with activity and controlled with medication management. Tenderness of right elbow is noted on palpation during physical exam dated 1/21/15. On 1/29/15 Utilization Review non-certified Omeprazole 20mg #60, noting there is no documentation to indicate he was at increased risk for gastrointestinal events; LidoPro cream 121gm #2, noting symptoms were well controlled with Topiramate; Topiramate 50mg #60 with 2 refills to 1 prescription, noting the injured will follow up in 4 weeks and Prozac 20mg #60 with refills modified to 1 prescription, for monitoring purposes. The MTUS, ACOEM Guidelines and ODG were cited. On 2/13/15, the injured worker submitted an application for IMR for review of Omeprazole 20mg #60, LidoPro cream 121gm #2, Topiramate 50mg #60 with 2 refills to 1 prescription and Prozac 20mg #60 with refills modified to 1 prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk.

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

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and omeprazole therefore is not medically necessary.

Topiramate 50mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 and 21.

Decision rationale: CA MTUS guidelines state that antiepileptic medications such as topiramate are useful for the treatment of neuropathic pain. There is a documented response of pain and improvement in function with use and side effects are well tolerated. Topiramate 50 mg #60 2 refills is medically necessary.

Prozac 20mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: ACOEM includes treatment with antidepressant medication as an important component of treatment of depression. Prozac is a first line treatment for depression and the claimant has a documented response to treatment with the medication. He has been stable on medication. Prozac 20 mg #60 with 2 refills is medically indicated.

Lidopro cream 121gm #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case describe good pain control with topiramate, a first line treatment, and therefore the use of lidocaine is not medically necessary.