

<b>Case Number:</b>	CM15-0062643		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/04/2002
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: 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 49 year old male, who sustained an industrial injury on 10/4/02. He reported injury to neck, right shoulder and lower back. The injured worker was diagnosed as having cervical and lumbar radiculopathy. He is status post C5-6 fusion on 9/5 2003. The last cervical MRI was performed on 9/26/13. Treatment to date has also included physical therapy, oral medications, home exercise program, epidural injections. Currently, the injured worker complains of severe neck pain with radiation into the left hand. He also complains of low back pain. He has been recommended for both cervical and lumbar surgery. He wants to proceed with cervical surgery. The injured worker states he is taking his medications as prescribed and they continue to reduce his pain level with minimal side effects and he has improved function. Physical exam noted restricted range of motion of cervical spine with tenderness at paracervical muscles and decreased sensation. Examination was positive for spurling's, decreased sensation in the left 1-3 digits and decreased left upper extremity motor strength. The treatment plan included an updated (MRI) magnetic resonance imaging of cervical spine for surgical planning, referral to spine surgeon and prescriptions for Naprosyn, Topamax, Pantoprazole and Norco and continuation of home exercise program. The medical records indicate that Omeprazole was prescribed since at least May 2014. Utilization Review on 3/19/15 certified the request for referral to spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI- Cervical Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** According to ACOEM guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker is status post C5-6 fusion on 9/5 2003. The last cervical MRI was performed on 9/26/13. He currently has severe neck pain with radiation into the left hand associated with neurologic deficits on clinical examination. Cervical spine surgery has been recommended and Utilization Review has certified referral to spine surgeon. The request for an updated (MRI) magnetic resonance imaging of cervical spine for surgical planning is supported. The request for MRI Cervical spine is medically necessary and appropriate.

**Pantoprazol Sod DR. 40mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Pain (Chronic).

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

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the injured worker is noted to be a 49-year-old male and there is no indication of history of peptic ulcer, G.I. bleeding or perforation. The injured worker is not at high risk for developing gastrointestinal events. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. This injured worker has been prescribed proton pump inhibitors since at least May 2014. The request for Pantoprazole Sod DR 40mg, #180 is not medically necessary and appropriate.

**Topamax 25mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

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

**Decision rationale:** According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. The MTUS guidelines state that Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. The MTUS guidelines state that Topamax is still considered for use for neuropathic pain when other anticonvulsants fail. The medical records do not establish attempt and failure of first line antiepileptic medication such as gabapentin. The request for Topamax 25mg, #90 is not medically necessary and appropriate.