MAXIMUS Federal Services

Case Number:	CM15-0076027		
Date Assigned:	04/27/2015	Date of Injury:	07/22/1996
Decision Date:	06/25/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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: Pennsylvania Certification(s)/Specialty: Internal Medicine

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 55-year-old female who has reported mental illness and widespread pain after an injury on 7/22/1996. The diagnoses have included a major depressive disorder, neck pain, and low back pain. Co-morbidities included diabetes and asthma. Treatment to date has included spine surgeries, shoulder and extremity surgeries, psychotherapy, lumbar epidural steroid injection on 2/20/2015, and medications. The treating physician reports during 2014-2015 note ongoing widespread pain, 3-10/10 pain, headaches, "GI issues," and "gastritis, chronic." Multiple medications are apparently continued. None of the reports describe the specific results of using any single medication, as pain relief is reportedly due to using unspecified medications. A possible exception is that of Relpax and Topamax, which reportedly provide tremendous relief for "regular migraine headaches," with no further details provided. Although pain relief is reported to be significant with medications, pain levels at office visits are routinely high (7/10 or more). Chronic medications listed include Norco, Topamax, Relpax, gabapentin, omeprazole, Senna, diphenhydramine, Flector, Paxil, Seroquel, clonazepam, fenofibrate, Doxepin, hydroxyzine, cetirizine, and unorthodox topical compounds. It is not clear how many of these medications are actually prescribed regularly, as this is not adequately discussed. Work status is not discussed in any of the reports. A urine drug screen on 1/20/15 was negative for all drugs assayed, including "opiates." On 4/6/15 Utilization Review non-certified gabapentin, noting the duplicative anti-epileptic medications prescribed without apparent medical necessity, good results, or prior failure of other treatments. Omeprazole was non-certified based on the lack of specific indications. Relpax was non-certified based on the lack of sufficient indications or good results. Topamax was non-certified based on the duplicative anti-epileptic medications prescribed without apparent medical necessity, or documented good results, The MTUS and the PDR were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 68, 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-22, 60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. Pain is widespread and non-specific. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the anti-epileptic drugs (AEDs) (gabapentin and topiramate) used to date. Note the criteria for a "good" response per the MTUS. The MTUS, page 60, recommends that each medication be trialed alone, with determination of individual results and side effects. None of the available reports describe the specific results of using gabapentin. The only report which specifically mentions the creation of a prescription for gabapentin is that of 1/20/15, at which time multiple prescriptions were renewed without addressing the specific results of using any single medication. Work status has not been addressed. Work status should always be addressed as a critical measure of function, according to the MTUS definition of functional improvement, which includes work status. Gabapentin has been prescribed along with topiramate (Topamax), and no reports explain why both AEDs are necessary or indicated. Gabapentin is not medically necessary based on the lack of any clear indication, the concurrent prescribing of another AED without a clear rationale, and the lack of significant symptomatic and functional benefit from its use to date. The request is not medically necessary.

Omeprazole 20mg,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 16, 68, 77-78.

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

Decision rationale: There are no medical reports, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. The reports make only very brief mentions of gastrointestinal issues or gastric upset but there is no discussion of specific signs and symptoms. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. The injured worker may or may not be using any NSAID, as the reports do not discuss any recent prescriptions for NSAIDs. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity. The request is not medically necessary.

Relpax 40mg, #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans. Other Medical Treatment Guideline or Medical Evidence: UpToDate, Acute treatment of migraine in adults. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: The MTUS does not provide direction for treating headaches. The guidelines cited above recommend triptans like Relpax for migraine headaches. However, none of the available reports provide an adequate description of the headaches present in this injured worker. The specific symptom pattern, frequency, associated symptoms, and response to medications are not discussed. It is not even clear that this injured worker has migraine headaches. None of the reports describe the ongoing pattern of using any medication for headaches. Although it is possible that this injured worker has bona fide migraine headaches for which Relpax might be indicated on an ongoing basis, none of the available reports provide enough information to support ongoing prescribing. Relpax is therefore not medically necessary.

Topamax 25mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-22, 60.

Decision rationale: Per the MTUS, AEDs like topiramate are recommended for neuropathic pain and a few other conditions. Headaches are not listed indications. There is no good evidence in this case for neuropathic pain. Pain is widespread and non-specific. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the AEDs (gabapentin and topiramate) used to date. Note the criteria for a "good" response per the MTUS. The MTUS, page 60, recommends that each medication be trialed alone, with determination of individual results and side effects. None of the available reports describe the specific results of using topiramate. The only report which specifically mentions the creation of a prescription for topiramate is that of 1/20/15, at which time multiple prescriptions were renewed without addressing the specific results of using any single medication. Work status has not been addressed. Work status should always be addressed as a critical measure of function, according to the MTUS definition of functional improvement, which includes work status. Gabapentin has been prescribed along with topiramate (Topamax), and no reports explain why both AEDs are necessary or indicated. Per the MTUS, topiramate (Topamax) may be considered for neuropathic pain when other anticonvulsants fail. There is no record of adequate, failed trials of other anticonvulsants. Topiramate is not medically necessary based on the lack of any clear indication, the concurrent prescribing of another AED without a clear rationale, and the lack of significant symptomatic and functional benefit from its use to date.