

Case Number:	CM14-0145413		
Date Assigned:	09/19/2014	Date of Injury:	01/09/1997
Decision Date:	11/19/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation, and is licensed to practice in Texas & Ohio. 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:

The injured worker is a 59-year-old female who reported an injury on 01/09/1997. The mechanism of injury was not submitted for clinical review. The diagnoses included impingement syndrome, epicondylitis, and wrist sprain. Previous treatment included physical therapy, medication, hot/cold wrap, TENS unit, and chiropractic sessions. Within the clinical note dated 07/29/2014, it was reported the injured worker complained of right upper extremity, right shoulder, right elbow, and right hand pain. The injured worker reported minimizing chores with limitation of reaching overhead activities. On physical examination, the provider noted the injured worker had tenderness along the rotator cuff noted. The injured worker's grip was decreased. There was positive impingement sign noted. The provider requested Ativan, Neurontin, Topamax, and Protonix. However, the rationale was not submitted for clinical review. The request for authorization was submitted and dated 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Ativan: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for 60 Ativan is not medically necessary. The California MTUS Guidelines do not recommend Ativan for long term use due to long term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of Ativan to 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 07/2014 which exceeds the guideline's recommendation of short term use of 4 weeks. The request submitted failed to provide the frequency and dosage of the medication. Therefore, the request is not medically necessary.

90 Neurontin 600 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The request for 90 Neurontin 600 mg is not medically necessary. The California MTUS Guidelines note gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of clinical documentation indicating the injured worker is treated for and diagnostic with diabetic painful neuropathy or postherpetic neuralgia. Therefore, the request is not medically necessary.

60 Topamax 50 MG: Upheld

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

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

Decision rationale: The request for 60 Topamax 50 mg is not medically necessary. The California MTUS Guidelines recommend Topamax for neuropathic pain. The guidelines also note Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for neuropathic pain when other anticonvulsants have failed. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of clinical documentation indicating the injured worker had tried and failed on other anticonvulsants. Therefore, the request is not medically necessary.

60 Protonix 20 MG: Upheld

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

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

Decision rationale: The request for Protonix 20 mg is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Protonix are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids, and/or anticoagulants. IN the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia for NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there was lack of documentation clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.