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| Case Number: | CM13-0006451 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 05/03/2003 |
| Decision Date: | 03/05/2014 | UR Denial Date: | 07/23/2013 |
| Priority: | Standard | Application Received: | 08/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 72 year old male who was injured 5-30-2003. The patient jumped from a small wall while at work and hurt his back. He has a history of previous back injuries too. The patient has been treated with Gabapentin, Wellbutrin, Prilosec and Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Wellbutrin XL 300mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation American Psychiatric Association

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

Decision rationale: The patient has been on Wellbutrin since at least 9/12 and through at least 10/13. The patient's records document that the patient is very depressed. The patient is very experienced with Wellbutrin and apparently has taken it for years. Based upon this, it seems that Wellbutrin is very effective at helping depressive symptoms from becoming worse for this patient. Wellbutrin XL 450 mg (300 mg plus 150 mg) is medically necessary for this patient.

request for Wellbutrin XL 150mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation American Psychiatric Association

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

Decision rationale: The patient has been on Wellbutrin since at least 9/12 and through at least 10/13. The patient's records document that the patient is very depressed. The patient is very experienced with Wellbutrin and apparently has taken it for years. Based upon this, it seems that Wellbutrin is very effective at helping depressive symptoms from becoming worse for this patient. Wellbutrin XL 450 mg (300 mg plus 150 mg) is medically necessary for this patient.

request for Abilify 5mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, section on atypical antipsychotics

Decision rationale: The records provided give one short statement about the efficacy of Abilify for this patient. On 8-2-2012 [REDACTED] wrote, "6 months ago he was started on Abilify 5 mg a day which also has been of help". There are many instances of Abilify in the chart, and it is evident that the patient was on Abilify for many months. Other than this, there is no documentation of the benefit, or lack thereof, of Abilify for this patient. As such, the records do not give enough information to determine medical necessity.

request for Omeprazole 20mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Pain (Chronic), Section on Proton Pump Inhibitors

Decision rationale: The records provided to this reviewer do not show any evidence of benefit or increase in function from treatment with Prilosec. As a result of the lack of documentation, no basis can be established for medical necessity for Prilosec.

request for Gralise 600mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 16-19.

Decision rationale: Progress notes from [REDACTED] from 1-29-13 state, "He has done much better with Gralise as the burning and prickling sensations have improved affecting his back and arms mostly at night". It seems that Gralise has been a tolerable formulation for the patient. However, the records provided do not include a precise time line with the exact start date of Gabapentin for this patient. The records provided do not provide evidence that Gabapentin increased this patient's level of functioning. As such, Gabapentin (Gralise) is not medically necessary.