

Case Number:	CM13-0042738		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2010
Decision Date:	03/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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. 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 patient is a 60 year old man who sustained a work-related injury on September 9, 2010. Subsequently, he developed right hip, right knee, left/right shoulder, and neck pain. According to the note from November 2013, the patient was complaining of neck and right shoulder with pain severity 6/10, intermittent back pain, and numbness and tingling in both hands. Physical examination on February 1, 2013 demonstrated neck and right shoulder tenderness. He was diagnosed with lumbar strain, cervical strain, bilateral knee injury, headache, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 60 Wellbutrin 150mg: Upheld

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

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

Decision rationale: According to MTUS guidelines, Wellbutrin showed some efficacy in the treatment of neuropathic pain. However, there is no evidence of its effectiveness in chronic neck and back pain. Based on the above, the requested medication is not medically necessary.

The request for 20 Medrox patches: 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 Chronic Pain Medical Treatment Guidelines Page(s): 111.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended individually is not recommended as part of a compound. There is no documentation of failure of the oral form of Capsaicin, one of the components of this compound. This should be attempted before trying a topical compound. Therefore, the requested medication is not medically necessary.

The request for 60 Flexeril 7.5mg: 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 Chronic Pain Medical Treatment Guidelines Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril is a non-sedating muscle relaxant that is recommended with caution as a second line option for short term treatment of acute exacerbations of chronic spasm and pain. Its efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm, and the prolonged use of Flexeril is not justified. The requested medication is not medically necessary.

The request for 60 Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk factors for gastrointestinal events are: (1) being over 65 years of age; (2) having a history of peptic ulcers, GI bleeding, or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an

anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose aspirin). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the requested medication is not medically necessary

The request for 60 Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 1146-1150.

Decision rationale: Sedating antidepressants such as Trazodone have been used to treat insomnia. However, the patient's records did not document insomnia or other sleep issues. The requested medication is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing monitoring of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for use of opioids.

Decision rationale: There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Norco. There is no recent evidence of objective monitoring of compliance of the patient with his medications. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 10/325mg, #120 is not medically necessary at this time.