

<b>Case Number:</b>	CM13-0067523		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/17/1999
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 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 patient is a 54-year-old female with a 6/17/99 date of injury. Her subjective complaints include cervical pain, back stiffness, and shoulder pain, and objective findings include decreased right shoulder range of motion, minimal pain to palpation over the C2 to C6 facet capsules, positive Spurling's maneuver bilaterally, and marked increased Tinel's across her bilateral wrists. Current diagnoses include scapholunar disassociation, metacarpal disassociation, right elbow ulnar entrapment and epicondylitis medial and lateral, and adhesive capsulitis of the right shoulder, and treatment to date has been physical therapy, and medication, including Wellbutrin, Naprosyn, and Ultram ER for at least 10 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 WELLBUTRIN 100MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines; and Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants may be recommended with documentation of chronic pain. MTUS-Definitions states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that antidepressants may be recommended with documentation of depression. Within the medical information available for review, there is documentation of diagnoses of scapholunar disassociation, metacarpal disassociation, right elbow ulnar entrapment and epicondylitis medial and lateral, and adhesive capsulitis of the right shoulder. In addition, there is documentation of chronic pain and treatment with Wellbutrin for at least 10 months. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services with use of Wellbutrin. Therefore, based on guidelines and a review of the evidence, the request for Wellbutrin is not medically necessary.

**60 NAPROSYN 500MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs may be recommended with documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of scapholunar disassociation, metacarpal disassociation, right elbow ulnar entrapment and epicondylitis medial and lateral, and adhesive capsulitis of the right shoulder. In addition, there is documentation of chronic pain and treatment with Naprosyn for at least 10 months. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services with use of Naprosyn. Therefore, based on guidelines and a review of the evidence, the request for Naprosyn is not medically necessary.

**60 ULTRAM ER 100MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be recommended with documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of scapholunar disassociation, metacarpal disassociation, right elbow ulnar entrapment and epicondylitis medial and lateral, and adhesive capsulitis of the right shoulder. In addition, there is documentation of treatment with Ultram ER for at least 10 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services with use of Ultram ER. Therefore, based on guidelines and a review of the evidence, the request for Ultram ER is not medically necessary.