

Case Number:	CM13-0071959		
Date Assigned:	01/08/2014	Date of Injury:	04/26/2012
Decision Date:	02/13/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 36-year-old female who reported an injury on 04/26/2012. The patient is diagnosed with frozen right shoulder, right shoulder recurrent impingement syndrome, right shoulder rule out internal derangement, status post arthroscopy, rule out cervical pathology, rule out cervical radiculitis, and depression. The patient was seen by [REDACTED] on 12/17/2013. Physical examination revealed resisted abduction strength of 4/5 in the right shoulder, resisted external rotation strength of 4/5, decreased forward flexion of 120 degrees, and intact sensation. Treatment recommendations included a psych consultation, a course of physical therapy, and continuation of Wellbutrin and Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16,27.

Decision rationale: California MTUS Guidelines states, "antidepressants are recommended as a first line option for neuropathic pain, and possibly for nonneuropathic pain. Tricyclics are

generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Wellbutrin is recommended as an option after other agents. While Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with nonneuropathic chronic low back pain." As per the clinical notes submitted, there is no indication of a failure to respond to first line treatment with tricyclic antidepressants. It is noted on the physician progress report dated 12/17/2013 by [REDACTED] that the patient was to continue Wellbutrin 150 mg for depression and neuropathic pain. However, the patient does not demonstrate any neurologic deficits upon physical examination. Based on the clinical information received, the request is non-certified.

Ondansetron 4mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/14/13) Antiemetics.

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

Decision rationale: Per Official Disability Guidelines, "Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use." Ondansetron has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and is also approved for postoperative use. The patient does not currently meet criteria for the use of Ondansetron. Based on the clinical information received, the request is non-certified.