

Case Number:	CM14-0010016		
Date Assigned:	02/21/2014	Date of Injury:	08/20/1991
Decision Date:	06/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Pain 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 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 51-year-old male with date of injury of 08/20/1991. The listed diagnoses per [REDACTED] dated 11/22/2013 are:

- 1.Chronic pain.
- 2.Fibromyalgia.
- 3.Severe low back pain.
- 4.L4-L5 and L5-S1 disk degeneration.
- 5.Catatonic depression.
- 6.Psychomotor retardation.
7. Agoraphobia.
- 8.Anxiety and despair.

According to the report, the patient states that he is exhausted and struggling getting through work. He feels terrible and massively fatigued. He states that the only time he gets relief from his pain and misery is when he is getting ready to sleep, but he finds it hard to stay asleep and get back to sleep. He states that he may be get 6 to 8 hours total of interrupted sleep. He states that he is worrying all the time and is afraid to go out other than to go to work. He has tingling in his thighs and rates his pain 7/10. The patient also notes that Norco helps take the edge off. The physical exam shows the patient looks exhausted and almost gray. He is not appearing at all well. His deep tendon reflexes are intact. There is no asymmetry to his motor examination in the upper and lower extremities. The strength is fair to good but he is a little slow in responding. There is no Hoffman's or Babinski's reflex present. He is tender over the lower back and over the iliac crest. He looks stiff in the cervical region. He is forward bent and hunched over. The utilization review denied the request on 12/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PROSPECTIVE REQUEST FOR 1 MRI OF THE BRAIN WITH CONTRAST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG on Mental Illness Magneto-encephalography (MEG) for PTSD

Decision rationale: This patient presents with depression with severe low back pain and chronic pain. The treater is requesting prospective request for an MRI of the brain with contrast. The MTUS and ACOEM Guidelines do not address this request; however, ODG on Magnetoencephalography states, "under study. Magnetoencephalography (MEG) may have the potential to objectively diagnose post-traumatic stress disorder (PTSD), while conventional brains scans, including computed tomography and magnetic resonance imaging, have failed to do this." Currently, there is lack of evidence that MRI scans can be helpful with the diagnosis of mental illness or "mental decline." PTSD is a mental disorder with symptoms of "mental decline." Recommendation is for denial.

1 PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS On-Going Management. Actions Should Include: P.

Decision rationale: This patient presents with depression with severe low back pain and chronic pain. The treater is requesting a prospective request for Norco. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that requires "current pain; the least reported pain over the periods since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required which include: Analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The review of records from 03/11/2013 to 12/17/2013 show that the patient has been taking Norco since 2011. The treater documents medication efficacy stating, "Norco helps take the edge off, or he would be at 10/10". Other than this statement, none of the documents report, "pain assessment" using the numerical scale or the four A's including ADLs, aberrant drug seeking behavior, and adverse side effects. Given the lack of documented pain assessment and outcome measures, recommendation is for denial.

1 PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NEXIUM 40MG #30: 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 MTUS NSAIDs, GI symptoms & cardiovascular risk Reco.

Decision rationale: This patient presents with depression with severe low back pain and chronic pain. The treater is requesting Nexium. The MTUS page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risk states that it is recommended with precaution for patients at risk for gastrointestinal events:

1. Age greater than 65 years.
2. History of peptic ulcer, GI bleed, or perforation.
3. Concurrent use of ASA or corticosteroids and/or anticoagulant.
4. High-dose multiple NSAIDs.

Recent studies tend to show that H. pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. The review of records show that the patient has been taking Nexium since 2011. Nexium (esomeprazole) belongs to a group of drugs called proton pump inhibitors which decreases the amount of acid produce in the stomach. None of the 141 pages of records show any history of gastrointestinal issue, GI bleed, or perforation, or medication-induced gastrointestinal events. Furthermore, the patient is currently not on any NSAID to require prophylactic use of a PPI. Recommendation is for denial.

**1 PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF WELLBUTRIN XL 300MG
#30: Overturned**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), ANTIDEPRESSANTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS, Bupropion (Wellbutrin®), a second-generation n.

Decision rationale: This patient presents with depression with severe low back pain and chronic pain. The treater is requesting Wellbutrin XL 300 mg. The MTUS Guidelines page 16 on Bupropion (Wellbutrin) states that it has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. While bupropion had shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. The review of records show that the patient has not trialed Wellbutrin in the past. Given the patient's ongoing depressive episodes, he may benefit from a trial of Wellbutrin. Recommendation is for authorization.

