

Case Number:	CM14-0169129		
Date Assigned:	10/17/2014	Date of Injury:	01/19/2013
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Rehabilitation, has a subspecialty in Pain, 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 records presented for review indicate that this 57-year-old female was reportedly injured on January 19, 2013. The mechanism of injury was stated to be a fall. The most recent progress note, dated August 15, 2014, indicates that there are ongoing complaints of mid back and low back pain. Previous treatment has included aquatic therapy and cognitive behavioral therapy. Current medications include the use of a Flector pain patch. The physical examination on this date demonstrated ambulation without an antalgic gait. There was tenderness along the lower lumbar spine and mid-thoracic region without spasms. Full lumbar spine range of motion was noted and there was a negative straight leg test and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine dated March 7, 2014 revealed a small disc protrusion at L3-L4 and L4-L5 with some effacement of the thecal sac. A request made for Amitiza and Wellbutrin and was non-certified in the pre-authorization process on October 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60: 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 www.nlm.nih.gov/medlineplus/druginfo/meds/a607034.html

Decision rationale: Amitiza is a medication used to relieve stomach pain, bloating, and straining in patients who have chronic idiopathic constipation. It is also used to treat irritable bowel syndrome. The most recent progress note dated August 15, 2014, does not indicate that the injured employee has any gastrointestinal complaints or history of these issues. As such, this request for Amitiza is not medically necessary.

Wellbutrin SR 150mg #30: Overturned

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 Page(s): 16, 27 & 125 of 127..

Decision rationale: Wellbutrin is a second-generation non-tricyclic antidepressant. It is used for the treatment of depression as well as for neuropathic pain. It is unclear from the previous utilization management review why this medication was previously determined to be not medically necessary. A progress note dated May 30, 2014, indicates the injured employee is participating in cognitive behavioral therapy and describes feelings of frustration, helplessness, hopelessness, irritability, and depression. As such, this request for Wellbutrin is medically necessary.