

Case Number:	CM14-0053801		
Date Assigned:	07/07/2014	Date of Injury:	10/10/2011
Decision Date:	08/13/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/18/2014

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 Internal Medicine has a subspecialty in Pulmonary Diseases and is licensed to practice in California, New York & 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 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 injured worker is a 53-year-old female who reported an injury on 10/10/2011 when her plastic boot became caught in a rack and she lost balance and fell to her knees and the right side of her body. The injured worker has a history of pain to the neck, lumbar spine, right shoulder, right elbow, right hand, and wrist. Upon examination on 05/09/2013, the injured worker continued to have neck pain, right shoulder pain, and lumbar spine pain. The upper extremities are stiff when she wakes up. There was numbness in the right wrist. The injured worker is tearful, wincing in pain with movement. The injured worker stated, I'm in too much pain in my shoulder and lower back. The patient had decreased and painful range of motion of the cervical spine, lumbar spine and right shoulder. The progress report dated 01/23/2014 revealed the injured worker appeared to be depressed. The injured worker had diagnoses of depression secondary to chronic neck pain. The psychological assessment on 03/15/2014 revealed the injured worker felt a little better. The injured worker continued to have physical pain which disturbed her mood and sleeping. The injured worker was compliant with medications. The diagnostic studies included an electromyography and nerve conduction study on 11/18/2011; an x-ray of the cervical spine, an x-ray of the right shoulder, and an x-ray of the lumbar spine on 03/02/2012; an MRI of the right shoulder on 03/22/2012; an MRI of the cervical spine, an MRI of the lumbar spine, and an MRI of the right shoulder on 03/23/2012; and an x-ray of the right shoulder/AC joint on 04/11/2012; a MRI arthrogram of the right shoulder on 04/30/2014 revealed findings consistent with re-tear of the distal fibers of the supraspinatus tendon; on 05/01/2014 an MRI of the cervical spine showed mild degenerative changes of the spine without significant stenosis at any level and loss of cervical lordosis which may indicate a level of muscle spasm; on 05/02/2014 MRI of the lumbar spine showed degenerative changes of the lumbar spine noted,

secondary to multilevel disc bulges, facet and ligamentum flavum hypertrophy. No significant spinal stenosis or neural foraminal stenosis seen. The diagnoses included shoulder acromial joint sprain, sprain/strain unspecified site upper arm, shoulder superior labrum anterior/posterior lesion, shoulder sprain/strain, subscapularis, elbow lateral epicondylitis, shoulder impingement/bursitis, sciatica, low back syndrome, cervical spine intervertebral disc disorder with myelopathy, shoulder joint stiffness, elbow arthralgia, shoulder acromioclavicular joint arthritis, and carpal tunnel syndrome. Prior treatments included medication, home exercise program, and psychotherapy. Medications included Wellbutrin 300 mg three times a day. The Request for Authorization and rationale forms were not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological management follow up in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Procedure Summary- office visits.

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

Decision rationale: The injured worker has a history of pain to the neck, lumbar spine, right shoulder, right elbow, right hand, and wrist. The Official Disability Guidelines (ODG) state office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The medications the injured worker was taken require close monitoring. It showed the injured worker to continue to have trouble sleeping which is a side effect of the medication. The latest documentation was dated 03/15/2014. In the absence of documentation within the past 60 days, indicating changes in condition, updates to treatment modalities, and current medications and response, the need for pharmacological management cannot be determined. Therefore, the request for pharmacological management follow-up in 4 weeks is not medically necessary and appropriate.

Wellbutrin QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). There is a lack of current documentation to warrant the use of Wellbutrin at this time. The documentation is over 60 days old. In order to review this medication, a need for updated medical records and evidence of measurable subjective and/or functional benefit from the medication is required. Latest evaluation was on 03/15/2014 and clear documentation showing evidence of a first line medications prior to Wellbutrin use, and evidence of efficacy, was not provided. In addition, the recommended frequency of use was not included in the request. As such, the request for Wellbutrin with a quantity of 30 is not medically necessary.

Trazodone QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antidepressants for chronic pain Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The documentation submitted for review is over 60 days old. There was no clear documentation indicating the duration of use and efficacy of this medication in order to warrant continued use. In addition, the frequency of use was not indicated within the request. As such, the request for trazodone with a quantity of 30 is not medically necessary.