MAXIMUS Federal Services

Case Number:	CM14-0060685		
Date Assigned:	07/09/2014	Date of Injury:	12/22/2011
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational 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:

This is a 51-year-old female with a 12/22/11 date of injury. The mechanism of injury was when she was lifting and carrying a bag of back braces and started to feel neck pain. According to a progress report dated 6/5/14, the patient complained of slight to moderate frequent cervical pain and upper extremity pain. Her activities remain restricted. Objective findings: cervical spine ROM remains restricted 50%, patient holds neck stiffly, deep tendon reflexes in the patella and ankle and diminished in the upper extremities, decreased grip strength right >left, decreased sensation over the right>left C5, C6, and C7 dermatomes. Diagnostic impression: cervical disc disease, cervical radiculitis, cervical spondylosis/reverse curve, cervical stenosis, kyphosis.Treatment to date: medication management, activity modification, ESI, physical therapy.A UR decision dated 4/14/14 denied the requests for Norco and Prilosec. Regarding Norco, there was no documentation of pain relief, improved quality of life, and/or improved functional capacity. Regarding Prilosec, there was no documentation of any confounding medical issue or GI issue that would necessitate the use of this medication. Regarding the request for Wellbutrin a specific rationale for approval was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment,Chronic Pain Treatment Guidelines Page(s): 14-15, 82-88. Decision based on Non-MTUS Citation Official Disability Guidelines formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, According to the most recent progress reports provided dated 4/3/14 and 6/5/14, it is documented that the patient's condition is unimproved. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, the quantity was not provided in this request. Therefore, the request for Norco 10/325 is not medically necessary.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterFDA (Prilosec).

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There was no documentation that the patient had gastrointestinal complaints in the records reviewed. In addition, there is no documentation that the patient is utilizing chronic NSAID therapy. Furthermore, the quantity was not provided in this request. Therefore, the request for Prilosec 20 mg is not medically necessary.

Wellbutriin 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: CA MTUS does not address this issue. According to ODG, Bupropion (Wellbutrin) is recommended as a first-line treatment option for major depressive disorder. There was no documentation of a diagnosis of depression in the records reviewed. In addition, the quantity was not provided in this request. A UR decision dated 4/14/14 approved the request for Wellbutrin 150 mg. It is unclear why this request is being made at this time. Therefore, the request for Wellbutrin 150 mg was not medically necessary.