

Case Number:	CM14-0085178		
Date Assigned:	07/23/2014	Date of Injury:	05/19/2012
Decision Date:	12/02/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/06/2014

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 case is a 53 year old female with a date of injury on 5/19/2012. A review of the medical records indicate that the patient has been undergoing treatment for degenerative osteoarthritis, knee joint contracture, effusion of the knee, knee sprain, lumbar sprain, right shoulder pain, adjustment disorder with mixed anxiety and depressed mood. Subjective complaints (3/13/2014) include low back pain, left knee pain, right shoulder pain rated 8/10. Objective findings (3/13/2014) include antalgic gait, tenderness AC joint on right and over superior trapezius muscle, tenderness over L4-5, L5-S1 facet area. Treatment notes dated 1/30/2014 states "evaluation results confirm that (patient) no longer manifests psychiatric symptoms". Treatment has included knee surgery x 2 (2012, 2013), ibuprofen, physical therapy (unknown number of sessions), Hydrocodone/ APAP (since at least 2/2014). A utilization review dated 6/2/2014 non-certified the following for DOS 5/7/2014:- Retro Bupropion XL 150mg #60- Retro Hydrocodone/ APA 2.5 mg/325mg #60- Retro Pantoprazole 20mg #60- Retro Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Bupropion XL 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Pain, Bupropion (Wellbutrin®), Antidepressants for chronic pain

Decision rationale: Regarding treatment of Pain with anti-depressants, MTUS and ODG state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Additionally, "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). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007). Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss". Medical records do not indicate the ongoing treatment for neuropathic pain. ODG states regarding bupropion, "Recommended as a first-line treatment option for major depressive disorder." The psychiatric treatment not indicates the patient has adjustment disorder with mixed anxiety and depressed mood and not major depressive disorder. The psychiatric note dated 1/30/2014 states "no psychological or psychiatric care is needed at this time". Based on the medical records provided, the patient does not meet criteria for usage of bupropion. As such, the request for retrospective Bupropion XL 150mg #60 is not medically necessary.

Retro Hydrocodone/ APA 2.5 mg/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): Pages 75-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51, 74-95.

Decision rationale: ODG does not recommend the use of opioids for back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid since at least 2/2014, in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for

continued opioid medication. As such, the request for Retro Hydrocodone/ APA 2.5 mg/325mg #60 is not medically necessary.

Retro Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): Pages 68-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Pantoprazole is a proton pump inhibitor. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states, "If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)." The patient does not meet the age recommendations for increased GI risk. The medical documents provided do not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for Retro Pantoprazole 20mg #60 is not medically necessary.

Retro Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress updated 04/09/2014

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

Decision rationale: The CA MTUS is silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. The medical records do not indicate when zolpidem was initiated. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Retro Zolpidem 10mg #30 is not medically necessary.