

<b>Case Number:</b>	CM14-0091396		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 and is licensed to practice in Nevada. 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 53 year old male was reportedly injured on June 25, 2007. The mechanism of injury is undisclosed. The most recent progress note, dated February 26, 2014, indicated that there were ongoing complaints of right hip pain. The physical examination was not reported. Diagnostic imaging studies were not presented. Previous treatment included surgical intervention, multiple medications, right hip total hip replacement and a left hip replacement arthroplasty that was pending. A request was made for multiple medications and was not certified in the preauthorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Prilosec 20 mg # 60:** 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 Page(s): 68 of 127.

**Decision rationale:** As noted in the Medical Treatment Utilization Schedule (MTUS), this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This can also be used as a protectorant for those individuals utilizing nonsteroidal antiinflammatory

medications. The recent progress notes are markedly limited, and there is no outline of the treatment plan or medications being employed. Furthermore, there were no complaints of gastrointestinal distress offered. Therefore, when noting the parameters outlined in the MTUS and by the markedly limited progress notes presented for review, there is no comprehensive current clinical assessment or analysis of the current clinical situation. Thus, there is insufficient medical evidence presented to support the medical necessity of this medication.

**Retrospective Colace 100 mg # 100:** 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 Page(s): 88 of 127.

**Decision rationale:** This medication is a stool softener that assists in issues relative to constipation. The progress notes presented for review are markedly limited and there are no complaints of constipation or physical examination findings to suggest the same being offered. Therefore, when noting the parameters outlined in the Medical Treatment Utilization Schedule (MTUS), as well as the lack of any specific subjective complaints or objective physical examination findings, there is insufficient clinical evidence presented to support the medical necessity of this medication.

**Retrospective Wellbutrin 100 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16, 68, 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27 & 125 of 127.

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), this is an atypical antidepressant medication that acts as a norepinephrine and opening reuptake inhibitor. There is support of this medication for the treatment of neuropathic pain. However, there is no evidence of efficacy in patients with nonneuropathic low back pain. The progress notes indicate there are hip replacement issues and degenerative changes. Therefore, when noting the markedly limited physical examination and progress notes presented for review and by the parameters outlined in the MTUS, there is insufficient clinical information presented to establish the medical necessity for this medication.