

Case Number:	CM14-0094986		
Date Assigned:	07/21/2014	Date of Injury:	11/23/2012
Decision Date:	08/27/2014	UR Denial Date:	05/08/2014
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 Physical Medicine & Rehab and is licensed to practice in Texas & Ohio. 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 48-year-old female with a reported date of injury on 11/23/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical degenerative disc disease and lumbar or lumbosacral disc degeneration. Her previous treatments were noted to include massage therapy, physical therapy, and medications. The Progress Note dated 06/24/2014 revealed the injured worker complained of back and low back pain with stiffness and radicular pain to the right and left leg and weakness in the right and left leg. The injured worker rated her pain as 7/10. The physical examination of the neck revealed the range of motion was decreased in all directions and there was diffuse posterior paraspinous muscle tenderness. The thoracolumbar spine was decreased in flexion/extension due to pain with diffuse lower paraspinous muscle tenderness and straight leg raising was positive on the left. Her medication regimen was noted to include Vicodin 5/325 mg every 12 hours, Inderal 20 mg take half a tablet by mouth twice a day, cyclobenzaprine 5 mg tablets take 1 by mouth every 12 hours, Wellbutrin 100 mg 1 by mouth 3 times a day. The Request for Authorization Form dated 02/26/2014 is for Inderal 20 mg half by mouth twice a day #30, and cyclobenzaprine 5 mg 1 twice a day #60, and Wellbutrin 100 mg 1 three times a day #90; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 20mg 1/2 po bid #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 updated JNC 8 guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Propranolol Oral: MedlinePlus.

Decision rationale: The request for Inderal 20 mg 1 half by mouth twice a day #30 is not medically necessary. The injured worker has been utilizing Inderal. Propranolol is used to treat high blood pressure, abnormal heart rhythms, heart disease, pheochromocytoma (tumor on a small gland near the kidneys), and certain types of tremor. It is also used to prevent angina (chest pain) and migraine headaches. Propranolol is also used to improve survival after a heart attack. Propranolol is in a class of medications called beta blockers. It works by relaxing blood vessels and slowing heart rate to improve blood flow and decrease blood pressure. There is a lack of diagnosis consistent with hypertension and the Progress Reports have revealed the blood pressure within normal limits. Therefore, the request is not medically necessary.

Wellbutrin 100mg 1 po tid #90: 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 Anti-depressants, Bupropion (Wellbutrin), page 16 Page(s): 16.

Decision rationale: The request for Wellbutrin 100 mg 1 by mouth 3 times a day #90 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state Wellbutrin is a second generation nontricyclic antidepressants and has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. While Wellbutrin has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. The injured worker does complain of radicular pain; however, there is a lack of documentation regarding efficacy of this medication and improved functional status. Therefore, the request is not medically necessary.

Cyclobenzaprine 5mg 1 po q12h #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), page 63 Page(s): 63.

Decision rationale: The request for cyclobenzaprine 5 mg 1 by mouth every 12 hours #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating

muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the guidelines recommend short term utilization of this medication and state efficacy appears to diminish over time. Therefore, the request is not medically necessary.