

Case Number:	CM13-0030824		
Date Assigned:	12/18/2013	Date of Injury:	08/01/1993
Decision Date:	02/03/2015	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/01/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54 year old male with a date of injury of August 1, 1993. Results of the injury included low back pain with lower extremity radicular symptoms. Diagnosis include cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10, lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy, bilateral peroneal neuropathy, bilateral knee internal derangement, right greater than the left, left ankle traumatic arthritis, reactionary depression, anxiety, medication induced gastritis, non insulin dependent diabetes mellites, and bilateral ulnar nerve entrapment. Treatment included stretching exercise, physical therapy, Non stroidal anti inflammatories, and muscle relaxants. Electrodiagnostic study dated August 3, 2010 revealed evidence of irritation of the right C6 nerve root; in addition superimposed bilateral C8 to T1 cervical radiculopathy could not be excluded. Magnetic resonance imaging scan of the lumbar spine dated March 18, 2010 showed T12-L1 has a 2 mm disc protrusion, disc desiccation was noted as present. Magnetic Resonance Imaging scan of the cervical spine dated September 18, 2001 revealed C3-4 there is a 2-3 mm disc bulge. At C4-5 there was a 3-4 mm disc bulge. At C5-6 there was noted 4-5 mm disc protrusion centrally and to the left with indentation of the thecal sac abutting the cord. Progress report dated September 20, 2013 showed tenderness to palpation of the cervical spine with decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation with with muscle rigidity and decreased range of motion. The right knee revealed tenderness to palpation along the medial and lateral joint line with mild crepitus with general range of motion. Left ankle shows there is swelling with decreased range of motion. Treatment plan included Norco, Anaprox, Fexmid, prilosec, and Dendracin. Utilization review form dated September 20, 2013 noncertified prilosec 20MG, 1 TAB BID #60, valium, trazadone

150 mg BID, and Wellbutrin 150 mg due to noncompliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, 1 tab bid #60: 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); Pain Chapter, Prilosec (Omeprazole)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.

Valium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient has insomnia. Therefore, the prescription of Valium is not medically necessary.

Trazodone 150mg BID: 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) Online Edition

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: Schwartz, T., et al. (2004). ""A Comparison of the Effectiveness of Two Hypnotic Agents for the Treatment of Insomnia"." Int J Psychiatric Nurse Res 10(1): 1146-1150.

Decision rationale: There is no documentation that the patient tried first line non pharmacological treatment of his insomnia. Therefore, Trazodone is not medically necessary.

Wellbutrin 150mg: Upheld

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

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

Decision rationale: According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in chronic neck and back pain. Based on the above, the prescription of Wellbutrin 150mg is not medically necessary.