

Case Number:	CM14-0177259		
Date Assigned:	10/30/2014	Date of Injury:	12/06/2003
Decision Date:	02/19/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 injured worker suffered two assaults where she worked in a home for developmentally disabled teens. She suffered injuries to her neck shoulders and back 6/23/03 and neck and low back 12/6/03 when she was pushed to the floor. Over the years she had continued to see a variety of physicians to include regular providers, internists, pain specialists, orthopedists, neurosurgeons and psychiatrists. She had undergone a variety of interventions both passive and active to include at least 3 epidural steroid injections in 2005 without resolution of her neck pain. Her injuries were declared stationary and permanent 6/7/12. An MRI report from 3/24/07 found degenerative disc disease and spondylosis. Despite foraminal narrowing her neurosurgeon reported that she did not suffer from radiculopathy or a myelopathy. She did suffer from an increase in headaches and shoulder pain and eventually was diagnosed as clinically depressed and has gone through therapy (both individual and group) as well as used a variety of medications. This has been associated with development of an anxiety disorder. Her neurosurgeon revised restrictions and the need for homemaker services once he became aware she was separated from her husband and had moved into a 1000 sq ft condo. At that time he recommended avoiding lifting/carrying anything greater than 10 lbs, bending/stooping that required extension of the neck and any work overhead with her arms. He last examined the patient personally in 2012. She carries the following diagnoses: Chronic neck pain/stiffness (Cervicalgia), Bilateral shoulder pain, R arm pain, Chronic Mixed Headache (Cervicogenic with 2nd Migraine), Dyspepsia (intolerant of po NSAID's and stress aggravated), Depression/Anxiety and Insomnia. Her current medications as certified 10/2/14 included Zolpidem 10mg hs prn 30,

Alprazolam (Ativan) 1mg qid 120, Adderal 10mg bid 60, Bupropion (Wellbutrin) XL 150mg bid 60, Abilify 2mg qhs 30, Hydrocodone/APAP 10/325 bid 60, Maxalt-MLT 10mg prn with migraine, SOMA (Carisprodolol) 350mg bid prn 60, Venlafaxine 150mg ER 2 qam and 1 qhs 90. These are prescribed by the psychiatrist. The last reported visit was 9/2/14. The secondary providers last visit was 9/11/14. At that visit the member presented with a flare-up of neck pain and headaches. The neck pain appeared to be worsening with radiation and muscle swelling/spasm. Noted to not tolerate NSAID's due to dyspepsia. Medications are reported to be managed by her psychiatrists. She reports being more depressed. Neurological findings are reported as normal and no examination of the musculoskeletal system is reported. This is essentially the same as another report from 2/22/13. The plan at the end of the 9/11/14 visit were a request for an MRI of the C spine, re worsening neck pain and headache, Flector Patch's as she could not tolerate oral NSAID's, Authorization for Housekeeping help as requested by her Neurosurgeon, 5 hours every other week and continued use of SOMA. RFA's were placed by the secondary provider for the MRI, Housekeeping help and Flector. The issues specific to this adjudication include the MRI, Housekeeper and Flector requested by the secondary provider in addition to Abilify and Bupropion XL requested by her Psychiatrist. Please note that these last two items were listed as Non-certified. I could find no evidence that the secondary provider had done an RFA for these medications. I did find certification from 10/2/14 for these two medications from the result of an independent medical review from a request for these two medications from an RFA 9/23/14 by her psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 16 Eye Chapter Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 167,172,177-179.

Decision rationale: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions (examination evidence suggestive of fracture, tumor, infection or cord compromise) are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. There was no discernable evidence that the member underwent any specific conservative measures with a strengthening program. There were no "Red Flag" markers. No plan was suggested for surgical intervention, prior MRI had shown DDD and spondylosis, neurosurgical consultation in 2012 at the time the problem was declared stable and permanent reported no radiculopathy or myelopathy. There was no evidence of a physical examination that documented ROM or Strength, sensory examination or correlation of complaints with dermatomal findings. The

imaging request at this time cannot be supported and the MRI of the cervical spine without contrast is not medically necessary.

One housekeeping help for five hours every other week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, May 6, 2011), Chapter 7, Home Health Services, Section 50.2 (Home Health Aide Services)

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: Medicare Benefit Policy Manual, Chp 7, Home Health Care.

Decision rationale: As indicated in the UR the member is now living alone in a 1000 sq ft condo. She is not house bound. She does not qualify for skilled services. There would appear to be no need for repetitive stooping and kneeling, there would be no apparent need for carrying objects over 10 lbs nor for an recurrent or persistent work over her head. Vacuuming and sweeping can be modified in both form and duration to meet the proposed limitations suggested by the neurosurgeon in his Jan 2014 updated recommendation for the Housekeeper therefore One housekeeping help for five hours every other week is not medically necessary.

Unknown prescription of Flector patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73,111-113.

Decision rationale: The use of topical analgesics is considered largely experimental with few randomized controlled trials to determine efficacy or safety. Studies of the use of topical NSAID's such as Diclofenac have generally be small and of short duration. They have suggested clinical utility for short-term use in osteoarthritis with diminishing effects after about 2 weeks. There is little evidence for its utility when used for OA of the spine. The FDA has approved this medication for use in OA in certain areas. It was not evaluated for treatment of the spine, hip or shoulder. For chronic back pain NSAID's can be used for short-term symptomatic relief. Per a Cochrane review they have not proven more effective than other approaches for pain and exhibit more adverse effects. They are not recognized as useful for neuropathic pain. Topical agents can have both local effects such as dermatitis and pruritis but more importantly have been shown to have systemic absorption and can have blood levels comparable to oral forms and therefore comparable systemic side effects such as the negative impact on renal function and increases in cardiovascular risks. This patient's pain has been of long duration focused on the neck, shoulder and hands for which this type of preparation has shown no long-term efficacy therefore unknown prescription of flector patches is not medically necessary.

Abilify 2 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.FDA.gov accessed 15Feb15

Decision rationale: According to the original record provided by the PTP for a visit from 11Sep14, the medication list is provided that reports Abilify 2mg 1 qd and Wellbutrin 250mg 1 qd and a handwritten addendum that brackets both and states "restarted today". It is not clear from this as to whether the provider ordered it restarted or the member reported having restarted the medications. The medication list appears to be a patient self-report as the medication list from the prescribing psychiatrist as present on the RFA from 23Sep14 associated with the UR response dated 20Oct14 certifying these medications, listed Abilify 2mg 1 qhs and bupropion XL 150 1 bid. (not Wellbutrin 250 qd or Budeprion XL 150 bid). The treating psychiatrist had selected Abilify as adjunctive treatment for the members Major Depressive Disorder (MDD), which remains an approved FDA indication for this medication. Part of the Psychiatric UR reviewer's rationale for approving the Abilify was that the member had reported to the psychiatrist that she had recently restarted the Abilify and reported this had helped her depression significantly. It is important to note that the PTP did not further discuss either medication as he was managing the medical issues while the treating psychiatrist was managing the patient's depression. This is confirmed by the fact that the PTP did not put in an RFA for either medication. The RFA's for that appointment included Flector, MRI and. Therefore, the psychiatrist's script for Abilify non-certified by this UR for the PTP is not sustained. The Abilify was appropriate and is medically necessary.

Wellbutrin 250 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.FDA.gov accessed 15Feb15

Decision rationale: According to the original record provided by the PTP for a visit from 11Sep14, the medication list is provided that reports Abilify 2mg 1 qd and Wellbutrin 250mg 1 qd and a handwritten addendum that brackets both and states "restarted today". It is not clear from this as to whether the provider ordered it restarted or the member reported having restarted the medications. The medication list appears to be a patient self-report as the medication list from the prescribing psychiatrist as present on the RFA from 23Sep14 associated with the UR response dated 20Oct14 certifying these medications, listed Abilify 2mg 1 qhs and bupropion XL 150 1 bid. (not Wellbutrin 250 qd or Budeprion XL 150 bid). It is important to note that the PTP did not further discuss either medication as he was managing the medical issues while the treating psychiatrist was managing the patient's depression. This is confirmed by the fact that the

PTP did not put in an RFA for either medication. The RFA's for that appointment included Flector, MRI and. The major reason put forward for the non-certification of Bupropion was the UR reviewer's statement that Budeprion XL could not be considered equivalent to the brand name Wellbutrin. This is confusing considering the Psychiatric UR approval of bupropion XL 150. A review of the FDA web site accessed at FDA.Gov 15Feb15 found the following: Budeprion XL 150 re; Bioequivalence to Wellbutrin XL 150. Q5. Is the 150 mg strength Impax/Teva Bupropion product bioequivalent to Wellbutrin 150 mg A5. Yes, the 150 mg strength Impax/Teva bupropion product was shown to be bioequivalent to Wellbutrin 150 mg. It was approved by FDA and is currently marketed. *Note that Budeprion XL 300 was withdrawn because of potential issues with bioequivalence and not bupropion XL 150 which continues to be marketed. Therefore, the request is medically necessary.