

Case Number:	CM14-0207383		
Date Assigned:	12/19/2014	Date of Injury:	05/09/2007
Decision Date:	02/18/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 54-year-old woman with a date of injury of May 9, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical strain, chronic; degenerative disc disease, cervical spine; rule out herniated disc cervical spine; radiculitis bilateral upper extremities; neuropathic pain; low back pain, chronic; degenerative disc disease, lumbar spine; radiculitis left lower extremity; herniated disc lumbar spine, multi level; hypertension; right shoulder rotator cuff tendinitis; impingement syndrome right shoulder, impingement syndrome left shoulder; and depression. Pursuant to the progress note dated October 22, 2014, the IW complains of continued neck pain and lower back pain rated 8-9/10. She continues to have balance issues when walking. Medications give the IW pain relief, functional improvement, and improvement in her depression. Examination of the cervical spine reveals tenderness over the paracervical musculature. Negative muscle spasms in the paracervical musculature. Spurling's test is negative. Examination of the lumbar spine reveals positive tenderness in the paralumbar musculature. Examination of the bilateral shoulders reveals positive Neer's test and Hawkin's test. Current medications include Gabapentin 600mg, Omeprazole 20mg, Diclofenac XR 100mg, and Wellbutrin 150mg. The documentation reflects Wellbutrin was started in a progress note dated July 2, 2014. The documentation is unclear however as to whether or not this is a refill versus the starting prescription. The IW was treated with Wellbutrin for neuropathic pain and depression. There were no subsequent progress notes with any documentation indicating efficacy or objective functional improvement with Wellbutrin through the present. Additionally, the documentation indicates the IW was treated with

Gabapentin, which work well for the IW. Diclofenac and Omeprazole were first started on May 28, 2014. The documentation is unclear as to whether these were refills versus new prescriptions. Subsequent documentation does not indicate clinical efficacy and objective functional improvement associated with Diclofenac use. Documentation indicates the Omeprazole was prescribed for GI prophylaxis. The IW did not have a history of prior GI symptoms. Treatment plan reports authorization is pending for shoulder surgery. The provider is requesting authorization for epidural injections X 2 in the cervical and lumbar spine. Medications will be refilled and the IW will follow-up in 1 month. The current request is for Diclofenac XR 100mg #60, Omeprazole 20mg #60, and Wellbutrin 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are lumbar reticular pain and lumbar radiculopathy; cervical radicular pain; and depression. There is no documentation in the medical record indicating the injured worker has any risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding, concurrent aspirin use etc. Consequently, absent the appropriate clinical documentation to support the ongoing use of Omeprazole, Omeprazole 20 mg #60 is not medically necessary.

Wellbutrin 150 mg #30: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Wellbutrin 150 mg #30 is not medically necessary. Wellbutrin is a third line medication for diabetic neuropathy and may be

considered when patients have not had a response to tricyclics for pain relief. Wellbutrin is recommended as an option after other agents. In this case, the injured worker's working diagnoses are lumbar pain and lumbar radiculopathy; cervical radicular pain and depression. The documentation reflects Wellbutrin was started in a progress note dated July 2, 2014. The documentation is unclear, however, as to whether or not this is a refill versus the starting prescription. The injured worker was treated with Wellbutrin for neuropathic pain and depression. There were no subsequent progress notes with any documentation indicating efficacy or objective functional improvement with Wellbutrin through the present. Additionally, the documentation indicates the injured worker was treated with gabapentin which worked well for the injured worker. Consequently, absent the appropriate clinical information with efficacy and objective functional improvement with the continued use of Wellbutrin, Wellbutrin 150 mg #30 is not medically necessary.

Diclofenac XR 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac XR 100 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker's working diagnoses were cervical strain, chronic; the generative disc disease cervical spine; radiculitis bilateral upper extremities/neuropathic pain; low back pain, chronic; right shoulder rotator cuff tendinitis; impingement syndrome right shoulder and left shoulder; and depression. Diclofenac was first started on May 28, 2014. The documentation is unclear as to whether this was a refill versus a new prescription. Subsequent documentation does not indicate clinical efficacy and objective functional improvement associated with Diclofenac use. Consequently, absent clinical documentation indicating clinical efficacy and objective functional improvement, Diclofenac XR 100 mg #60 is not medically necessary.