

Case Number:	CM15-0101719		
Date Assigned:	06/01/2015	Date of Injury:	07/28/2000
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male, who sustained an industrial injury on 7/28/2000. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbago, headache and chronic back pain. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 3/5/2015, the injured worker complains of ongoing low back pain. The treating physician is requesting retrospective Ibuprofen 800 mg three times daily with 3 refills with a date of service of 3/5/2015, retrospective Depakote ER 500mg #30 with 3 refills, date of service of 3/5/15 and retrospective Cialis 10 mg #12 with 3 refills with a date of service of 3/5/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ibuprofen 800mg 3 times a day #10 with 3 refills, DOS: 3/5/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: Based on the 03/05/14 progress report provided by treating physician, the patient presents with back pain, and headaches. The request is for IBUPROFEN 800MG 3 TIMES DAY #10 WITH 3 REFILLS, DOS: 3/5/15. Patient's diagnosis per Request for Authorization form dated 03/05/15 includes lumbago, headache, and other chronic pain. Under Objective findings per 03/05/14 report, treater states "alert and conversant with no neg effect of meds noted. Generally status quo on the current regimen. Overall ambulation and posture unchanged." Prescription order dated 03/05/14 included Ibuprofen, Zoloft, Depakote, and Cialis. Patient's work status is stated "future medical," per 03/05/15. Treatment reports were provided from 03/05/14 - 11/20/14. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Ibuprofen was dispensed to patient on 03/05/14, per treater report. It is not known when Ibuprofen was dispensed. Given patient's continued pain and diagnosis, the request for Ibuprofen appears reasonable. Guidelines support NSAIDs for chronic low back pain. Therefore, the request IS/WAS medically necessary.

Retrospective Depakote ER 500mg #30 with 3 refills, DOS: 3/5/15: 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), 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com Official disability guidelines Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications.

Decision rationale: Based on the 03/05/14 progress report provided by treating physician, the patient presents with back pain, and headaches. The request is for DEPAKOTE ER 500MG #30 WITH 3 REFILLS, DOS: 3/5/15. Patient's diagnosis per Request for Authorization form dated 03/05/15 includes lumbago, headache, and other chronic pain. Under Objective findings per 03/05/14 report, treater states "alert and conversant with no neg effect of meds noted. Generally status quo on the current regimen. Overall ambulation and posture unchanged." Prescription order dated 03/05/14 included Ibuprofen, Zoloft, Depakote, and Cialis. Patient's work status is stated "future medical," per 03/05/15. Treatment reports were provided from 03/05/14 - 11/20/14. Drugs.com states: "Depakote (divalproex sodium) affects chemicals in the body that may be involved in causing seizures. Depakote is used to treat various types of seizure disorders. It is sometimes used together with other seizure medications. Depakote is also used to treat manic episodes related to bipolar disorder (manic depression), and to prevent migraine headaches." ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications states: "Treatment. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. At present, there is no clinically validated specific brain targeted pharmacotherapy that will ameliorate the neurocognitive effects attributed to TBI (e.g., enhancing memory and attention, recovering from the brain injury). No

medication has received approval from the United States Food and Drug Administration (FDA) for the treatment of any neurological or psychiatric consequence of mTBI. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended." Depakote was included in patient's prescription order dated 03/05/14 . It is not known when Depakote was initiated. The treater does not explain or discuss why this medication is being used and with what efficacy. It is understandable that the patient has a disabling work injury and that certain medications will need to be used, but the treater has to explain. There needs to be a discussion regarding seizure disorder, bipolar condition, migraines or other valid medical condition for which this medication may be indicated, and the treater has to explain how it is working. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of adequate discussion regarding Depakote, this retrospective request IS/WAS NOT medically necessary.