

Case Number:	CM15-0135269		
Date Assigned:	07/23/2015	Date of Injury:	09/01/2005
Decision Date:	09/03/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California

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:

The injured worker is a(n) 57 year old male, who sustained an industrial injury on 9/1/05. He reported pain in the lumbar spine, cervical spine and left shoulder. The injured worker was diagnosed as having status post left shoulder rotator cuff repair, status post lumbar spine surgery, cervical disc disease, lumbar spine disc disease, headaches and insomnia. Treatment to date has included aquatic therapy, physical therapy, Norco, OxyContin and Ambien. As of the PR2 dated 2/6/15, the injured worker reports pain in the lumbar spine, cervical spine and left shoulder. Objective findings include decreased cervical range of motion, decreased lumbar range of motion and a positive straight leg raise test bilaterally. The treating physician requested Wellbutrin XL 150mg #30, Topamax 50mg #30 and Prozac 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 16.

Decision rationale: Wellbutrin is an antidepressant. In this case, the claimant was prescribed Prozac as well. The documentation does not substantiate on a diagnosis of depression, anxiety or PTSD. There was no justification for the use of 2 antidepressants. The Wellbutrin was not justified and not medically necessary.

Topamax 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax Page(s): 21.

Decision rationale: According to the guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, there was no elaboration of failure of 1st line medications or response to neuropathic symptoms. Results are variable with Topamax and the request for Topamax is not medically necessary.

Prozac 40mg #30: 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), Fluoxetine (Prozac).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter-SSRI and pg 50.

Decision rationale: Prozac is an SSRI which is indicated 1st line for depression and PTSD. The documentation does not substantiate on a diagnosis of depression, anxiety or PTSD. There was no justification for the use of 2 antidepressants. The Prozac was not justified and not medically necessary.