

Case Number:	CM15-0136170		
Date Assigned:	07/24/2015	Date of Injury:	08/05/2007
Decision Date:	09/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, elbow, wrist, and shoulder pain reportedly associated with an industrial injury of August 5, 2007. In a utilization review report dated June 15, 2015, the claims administrator failed to approve requests for omeprazole, Wellbutrin, Zofran (ondansetron), and a Synvisc injection all prescribed, dispensed, and/or performed on or around May 20, 2015. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant reported ongoing complaints of neck, shoulder, back, and elbow pain, reportedly severe, exacerbated by bending, stooping, carrying, and lifting. The applicant had developed derivative complaints of depression and anxiety, it was reported. Diclofenac, Prilosec, and tramadol were endorsed. The applicant's permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working, although this did not appear to be the case. It was suggested that Prilosec was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. On May 20, 2015, the applicant was given an ultrasound-guided elbow corticosteroid injection. The applicant was given refills of diclofenac, Prilosec, Zofran, and Wellbutrin. It was stated that Zofran was being employed for nausea associated with medication consumption. It was again stated that Prilosec was being given for cytoprotective effect. The applicant's permanent work restrictions were renewed. The applicant's pain complaints were described as worsening. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Once again, it was not explicitly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. On April 15,

2015, the applicant again reported moderate-to-severe neck, shoulder, elbow, and back pain complaints. The attending provider again stated that the applicant's medications were beneficial but, once again, did not elaborate further. Diclofenac was refilled for anti-inflammatory effect, Prilosec for cytoprotective effect, Wellbutrin for depression and/or neuropathic pain, and Zofran for medication-induced nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #60 dispensed (5/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider suggested that omeprazole is being employed for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of omeprazole. Namely, the applicant was less than 65 years of age (age 53), was only seemingly using one NSAID, diclofenac, was not using multiple NSAIDs, was not using NSAIDs in conjunction with corticosteroids, and had no known history of prior GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

Retrospective Wellbutrin 150mg #30 dispensed (5/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 14, 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47, Chronic Pain Treatment Guidelines Bupropion (Wellbutrin); Functional Restoration Approach to Chronic Pain Management Page(s): 16; 7.

Decision rationale: Similarly, the request for Wellbutrin, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Wellbutrin to exert their maximal effect, here, however, the applicant had been using Wellbutrin for a minimum of several months on or around the date in question, May 20, 2015. There was no mention of whether or not Wellbutrin had proven effective in terms of augmenting the applicant's mood and/or the applicant's complaints of depression and anxiety. While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Wellbutrin can be employed off label for neuropathic pain, as was/is present here, this

recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, permanent work restrictions were renewed, seemingly unchanged, despite ongoing Wellbutrin usage. It did not appear that the applicant is working with said limitations in place. The treating provider failed to outline any meaningful, material, or substantive improvements in function and/or mood effected as a result of ongoing Wellbutrin usage (if any). Ongoing usage of Wellbutrin failed to curtail the applicant's dependence on a variety of other analgesic medications, including diclofenac and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(e). Therefore, the request was not medically necessary.

Retrospective Ondansetron 4mg #30 dispensed (5/20/15): 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), pain, antiemetics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

Decision rationale: Similarly, the request for ondansetron (Zofran) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA-labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, the attending provider seemingly suggested that ondansetron was intended to combat issues with nausea associated with usage of analgesic medications. This is not an FDA-approved role for ondansetron (Zofran), however. ODG's Chronic Pain Chapter Antiemetics Topic also notes that antiemetics such as ondansetron are not recommended in the treatment of nausea and vomiting secondary to opioid usage. Continued usage of ondansetron (Zofran), thus, was at odds with the FDA label and with the ODG position on the same in the clinical context present here. Therefore, the request was not medically necessary.

Retrospective Synvisc injection x 1 to left elbow performed 5/20/15: 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), knee and leg, criteria for hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Finally, the request for a Synvisc injection to the elbow was likewise not medically necessary, medically appropriate, or indicated here. The attending provider seemingly sought retrospective authorization for a Synvisc injection. However, the attending provider's documentation of May 20, 2015 suggested that the applicant had in fact received a dexamethasone-lidocaine corticosteroid injection to the elbow on that date. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanisms involved. Here, the attending provider sought authorization for a viscosupplementation injection and went onto perform a corticosteroid injection. The diagnosis stated on May 20, 2015 was, furthermore, elbow epicondylitis. The attending provider did not state why retrospective authorization for a viscosupplementation injection of the elbow was sought when the applicant carried a diagnosis of elbow epicondylitis. The attending provider did not state why he was seeking authorization for a viscosupplementation for epicondylitis. The attending provider did not reconcile the pain mechanism present here with the injection performed. The attending provider did not, furthermore, clearly state why he was seeking retrospective authorization for viscosupplementation injection when he seemingly performed a corticosteroid injection on May 20, 2015. It did not appear, in short, that the requesting provider was knowledgeable regarding the medication/injection furnished here, the type of pain to be treated, and/or the pain mechanisms involved. Therefore, the request was not medically necessary.