

Case Number:	CM15-0138102		
Date Assigned:	07/28/2015	Date of Injury:	11/08/2010
Decision Date:	09/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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 (IW) is a 66-year-old male who sustained an industrial injury 11/08/2010. Diagnoses/impressions include dermatophytosis of the body; displacement of lumbar intervertebral disc without myelopathy; lumbago; sciatica; thoracic or lumbosacral neuritis or radiculitis, unspecified; and depressive disorder not elsewhere classified. Treatment to date has included medications, psychotherapy and physical therapy. He also had a prior L4-5 microdiscectomy with subsequent post-operative infection. According to the progress notes dated 6/25/15, the IW reported back pain that was "a little worse". He had been without Deplin and Citalopram for nearly a month due to insurance denial. Pain level with medication was 6/10 and without them was 8-9/10. He stated his wife noted he is more irritable. On examination, he used a seated walker. He appeared to be in moderate distress. Bilateral upper extremity reflexes were 2+/4. His affect was depressed and he admitted to "not wanting to be around anymore". He denied suicidal intent or plan. His motor function was grossly intact with strength as usual. Diffuse patches of erythema were noted over the inferior scrotum and intergluteal cleft. There were moderate low thoracic and lumbar paraspinal spasms without deformity. Range of motion of the neck was full with minimal pain. The IW was incontinent of urine and stool and using adult briefs. He required medications to minimally functional; without medications, he could not toilet himself without assistance. A request was made for Omeprazole 20mg, #60 with 5 refills; Wellbutrin SR 150mg, #60 with 1refill; Lidoderm 5% topical film, #90 with 1 refill; and Gabapentin 300mg, #450.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The 66-year-old patient complains of lower back pain, rated at 6/10 with medications and 8-9/10 without medications, as per progress report dated 06/25/15. The request is for OMEPRAZOLE 20mg QUANTITY 60 WITH FIVE REFILLS. There is no RFA for this case, and the patient's date of injury is 11/08/10. Diagnoses, as per progress report dated 06/25/15, included displacement of lumbar intervertebral disc, lumbago, sciatica, thoracic or lumbosacral neuritis or radiculitis, depressive disorder, persistent disorder of initiating or maintaining sleep, dermatophytosis of the body, and testicular dysfunction. Medications included Butrans patch, Citalopram, Deplin, Flector patch, Gabapentin, Lasix, Lidoderm patch, Magnesium citrate, Metformin, Norco, Omeprazole and Wellbutrin. The patient is not working, as per the same progress report. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Omeprazole is first noted in progress report dated 01/08/15. In the report, the treater states that the patient has been taking ES Omeprazole but this is being changed to Omeprazole from the 01/08/15 visit. As per the report, previously the patient had "intolerance to the medication" but is willing to undergo another trial. Prophylactic use of PPI is indicated by MTUS. However, there are no NSAID's included in patient's medications. Furthermore, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. This request does not meet the criteria enlisted by the guideline. Therefore, the request IS NOT medically necessary.

Wellbutrin SR 150mg quantity 60 with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress: Bupropion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress chapter under Bupropion (Wellbutrin®).

Decision rationale: The 66-year-old patient complains of lower back pain, rated at 6/10 with medications and 8-9/10 without medications, as per progress report dated 06/25/15. The request is for WELLBUTRIN SR 150mg QUANTITY 60 WITH ONE REFILL. There is no RFA for this case, and the patient's date of injury is 11/08/10. Diagnoses, as per progress report dated 06/25/15, included displacement of lumbar intervertebral disc, lumbago, sciatica, thoracic or lumbosacral neuritis or radiculitis, depressive disorder, persistent disorder of initiating or maintaining sleep, dermatophytosis of the body, and testicular dysfunction. Medications included Butrans patch, Citalopram, Deplin, Flector patch, Gabapentin, Lasix, Lidoderm patch, Magnesium citrate, Metformin, Norco, Omeprazole and Wellbutrin. The patient is not working, as per the same progress report. ODG guidelines, Mental Illness/Stress chapter under Bupropion (Wellbutrin), states: Recommended as a first-line treatment option for major depressive disorder. In this case, a prescription of Wellbutrin is noted at least since 12/11/14. As per the report, the patient complains of anxiety and depression. In progress report dated 06/25/15, the treater states that the patient has an established diagnoses of secondary depression, and "these medications are clinically indicated for severe depression, and I have concerns about the possibility of him decompensating without them." ODG guidelines also support the use of Wellbutrin for depressive disorder. Hence, the request IS medically necessary.

Lidoderm 5% topical film quantity 90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Lidocaine Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: The 66-year-old patient complains of lower back pain, rated at 6/10 with medications and 8-9/10 without medications, as per progress report dated 06/25/15. The request is for LIDODERM 5% TOPICAL FILM QUANTITY 90 WITH ONE REFILL. There is no RFA for this case, and the patient's date of injury is 11/08/10. Diagnoses, as per progress report dated 06/25/15, included displacement of lumbar intervertebral disc, lumbago, sciatica, thoracic or lumbosacral neuritis or radiculitis, depressive disorder, persistent disorder of initiating or maintaining sleep, dermatophytosis of the body, and testicular dysfunction. Medications included Butrans patch, Citalopram, Deplin, Flector patch, Gabapentin, Lasix, Lidoderm patch, Magnesium citrate, Metformin, Norco, Omeprazole and Wellbutrin. The patient is not working, as per the same progress report. MTUS guidelines page 57, Lidoderm (Lidocaine patch) section, states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for

use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." In this case, the Lidoderm patch is first noted in progress report dated 02/14/12. As per progress report dated 06/25/15, medications help reduce the patient's pain from 8-9/10 to 6/10. The treater also states that the patient remains "reliant on his medications for minimal daily function including IADLs and ADLs. Without them, he has difficulty toileting, rising from bed, and dressing, walking to meals etc." However, this is not specific to Lidoderm patch. There is no documentation of how and where the patches are being used. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back pain, not a localized peripheral neuropathic pain, for which Lidocaine patches are indicated. This request does not meet the criteria enlisted by MTUS. Therefore, the request IS NOT medically necessary.

Gabapentin 300mg quantity 450: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The 66-year-old patient complains of lower back pain, rated at 6/10 with medications and 8-9/10 without medications, as per progress report dated 06/25/15. The request is for GABAPENTIN 300mg QUANTITY 450. There is no RFA for this case, and the patient's date of injury is 11/08/10. Diagnoses, as per progress report dated 06/25/15, included displacement of lumbar intervertebral disc, lumbago, sciatica, thoracic or lumbosacral neuritis or radiculitis, depressive disorder, persistent disorder of initiating or maintaining sleep, dermatophytosis of the body, and testicular dysfunction. Medications included Butrans patch, Citalopram, Deplin, Flector patch, Gabapentin, Lasix, Lidoderm patch, Magnesium citrate, Metformin, Norco, Omeprazole and Wellbutrin. The patient is not working, as per the same progress report. MTUS has the following regarding Gabapentin on pg 18, 19, Anti-epilepsy drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin was first noted in progress report dated 02/14/12. It is not known when this medication was initiated. As per progress report dated 06/25/15, medications help reduce the patient's pain from 8-9/10 to 6/10. The treater also states that the patient remains "reliant on his medications for minimal daily function including IADLs and ADLs. Without them, he has difficulty toileting, rising from bed, and dressing, walking to meals etc." However, this is not specific to Gabapentin. Additionally, there is no diagnoses of neuropathic pain for which Gabapentin is recommended. Hence, the request IS NOT medically necessary.