

<b>Case Number:</b>	CM15-0139328		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	06/17/1996
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 59-year-old who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of June 17, 1996. In a Utilization Review report dated July 30, 2015, the claims administrator partially approved a request for Oxycodone, denied a request for Prevacid, partially approved a request for Wellbutrin, and denied a request for Oxycodone. The claims administrator referenced an RFA form received on July 17, 2015 and an associated progress note of July 2, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 6, 2015, Oxycodone, Prevacid, Wellbutrin, and Oxycodone were sought. In an associated progress note dated July 2, 2015, the applicant reported ongoing complaints of 7/10 ankle pain, it was stated toward the top of the note. Toward the middle of the report, it was stated that the applicant's pain complaints were in the 6/10 range. The applicant was severely obese, with BMI of 48, it was reported. The applicant was using a cane to move about, it was reported. Permanent work restrictions and urine drug testing were endorsed while Oxycodone, Prevacid, Wellbutrin, and Oxycodone were renewed. The applicant's gastrointestinal review of systems was negative for GI upset, it was reported. In an applicant questionnaires received and/or faxed on July 7, 2015, the applicant stated that his pain complaints were 10/10 without medications versus 5/10 with medications. The applicant stated that he would be bedridden without his medications. The applicant stated that his mood was somewhat improved following introduction of Wellbutrin. The applicant stated that he would be depressed and tearful without Wellbutrin. The applicant stated that he 'got better' with Prevacid

but did not state precisely why Prevacid was being prescribed. On May 8, 2015, the applicant's review of systems was negative for both GI upset and acid reflux, it was reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 5mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, the applicant's work status was not clearly reported on July 2, 2015, suggesting that the applicant was not, in fact, working. The applicant was severely obese, with BMI of 48 and was using a cane to move about; it was reported on that date. While the applicant did recount some reported reduction in pain scores effected as a result of ongoing opioid consumption in July 7, 2015 questionnaire, these reports were, however, outweighed by the attending provider's failure to recount the applicant's work status and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Oxycodone usage. The applicant's commentary to the effect that he would be bedridden without his medications did not constitute evidence of a meaningful improvement in function effected because of ongoing Oxycodone usage. Therefore, the request was not medically necessary.

**Prevacid 15mg #60 with 1 refill:** Upheld

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

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

**Decision rationale:** Similarly, the request for Prevacid, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prevacid are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on progress notes of July 2, 2015 and May 8, 2015, referenced above. The applicant was described as explicitly denying issues with reflux or GI upset on May 8, 2015. The review of systems section of the July 2, 2015 progress note also stated that the applicant denied GI upset on that

date. It was not clearly established, in short, why Prevacid was being prescribed, given the applicant's seeming absence of any gastrointestinal symptoms. Therefore, the request for Prevacid was not medically necessary.

**Wellbutrin SR 150mg #60 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Finally, the request for Wellbutrin, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Wellbutrin may be helpful in alleviating symptoms of depression, as were/are present here. An applicant questionnaire received on July 7, 2015 suggested that the applicant's symptoms of depression, tearfulness, and mood disturbance had all been [incompletely] ameliorated through ongoing usage of Wellbutrin. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.