

Case Number:	CM15-0184253		
Date Assigned:	09/24/2015	Date of Injury:	07/27/2011
Decision Date:	11/24/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 29 year old male, who sustained an industrial injury on 07-27-2011. He has reported injury to the neck and right upper extremity. The injured worker is being treated for cervical sprain; intervertebral cervical disc disorder with myelopathy; cervical radiculopathy; right carpal tunnel syndrome; right elbow sprain; right ulnar neuritis; neurovascular thoracic outlet syndrome with double (triple) crush injury; and chronic pain and associated mood disorder. Treatment to date has included medications, diagnostics, trigger point injections, physical therapy, and surgical intervention. Medications have included Oxycontin, Percocet, Lexapro, Alprazolam, Seroquel, Fibercon, Metoprolol Tartrate, Trazodone, Miralax, Docusate Sodium, and Fibercon. Surgical intervention has included C5-6 discectomy and foraminotomy, C6 cord decompression, and C5-6 artificial disc replacement, on 11-18-2014. A progress report from the treating physician, dated 07-01-2015, documented an evaluation with the injured worker. The injured worker reported cervical spine pain and spasm, which has been significantly flared up as of late; the pain level today is rated at 3-4 out of 10 in intensity; he has had significant relief with trigger point injections allowing him to increase his activity of daily living and drive safer with some increase in mobility; and he reports depression from having had pain for so long. Objective findings included decreased sensation in his left upper extremity. The treatment plan has included the request for Fibercon 625mg 2 tablets by mouth daily #30 with 3 refills; Metoprolol Tartrate 25mg twice a day #60; Escitalopram Oxalate 10mg #30 with 6 refills; and Miralax packets #1 with 2 refills. The original utilization review, dated 08-24-2015, non-certified the request for Fibercon 625mg 2 tablets by mouth daily #30 with 3 refills; Metoprolol

Tartrate 25mg twice a day #60; Escitalopram Oxalate 10mg #30 with 6 refills; and Miralax packets #1 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fibercon 625mg 2 tablets by mouth daily #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Escitalopram (Lexapro (R) Antidepressants for treatment of MDD (major depressive disorder).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Fiber Council http://www.nationalfiberCouncil.org/supplement_chart.shtml Fiber Supplement amounts and dosing indications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a fibercon prescription for this patient. The clinical records submitted do support the fact that this patient has opioid induced constipation. However, the records do not support the use of this medication for that indication. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of this prescription. Per the Federal Drug Administration's (FDA) and the National Fiber Council, the medication is only indicated for increasing dietary fiber as a stool bulking agent. This patient has opioid induced constipation; fibercon is not approved by the FDA for that indication. Therefore, based on the submitted medical documentation, the request for fibercon prescription is not-medically necessary.

Metoprolol Tartrate 25mg BID #60: 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), Diabetes, Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Guidelines and Indications for Lopressor http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/017963s0671b1.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address this topic. Lopressor is a beta1-selective receptor blocker. Clinical pharmacology studies have demonstrated the beta-blocking activity of metoprolol, as shown by (1) reduction in heart rate and cardiac output at rest and upon exercise, (2) reduction of systolic blood pressure upon exercise, (3) inhibition of isoproterenol-induced tachycardia, and (4) reduction of reflex orthostatic tachycardia. The FDA

prescribing guidelines state that metoprolol "is indicated for the treatment of hypertension or stabilization or arrhythmia in congestive heart failure." A review of the medical documentation does support that this patient has had a history of congestive heart failure with hypertension. The patient's most recent clinical evaluation did not record a diagnosis of hypertension. Therefore, based on the submitted medical documentation, the request for metoprolol is not-medically necessary.

Escitalopram Oxalate 10mg #30 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Wellbutrin prescription for this patient. Wellbutrin is the name brand equivalent of generic bupropion. The clinical records submitted do support the fact that this patient has chronic depression. However, the medical records do not support that this patient has a refractory major depressive disorder with supervision by a specialist. The California MTUS guidelines do address the topic of Wellbutrin prescription. Specifically, per MTUS: Wellbutrin is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Wellbutrin is an atypical antipsychotic. Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. This patient has been diagnosed with depression; however, the clinical records indicate that he continues to have severe depression despite multiple medications. Management of clinical depression is best done with a specialist. Despite his persistent depression, there is no evidence this patient is being treated by a specialist. Therefore, based on the submitted medical documentation, the request for Lexapro prescription is not- medically necessary.

Miralax Packets #1 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/miralax.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this request for this patient. MiraLAX is a medication used to deal with constipation. Constipation is a side effect of chronic opioid use. This patient takes opiates to manage his chronic pain syndrome. MiraLAX medication is used for prophylactic treatment of opioid induced constipation and is supported by guidelines for patients with chronic opioid use. This patient meets established guidelines for the use of MiraLAX medication. Therefore, based on the submitted medical documentation, the request for MiraLAX is medically necessary.