

Case Number:	CM15-0202096		
Date Assigned:	10/19/2015	Date of Injury:	10/11/1996
Decision Date:	12/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 54 year old female, who sustained an industrial injury on 10-11-1996. The injured worker is undergoing treatment for: bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, upper arm myositis, and shoulder pain. On 7-30-15, 8-12-15, and 10-1-15, she reported neck pain with pain radiation into the bilateral arms, exacerbated by turning her head to the right. She also reported bilateral elbow pain, bilateral hand-wrist pain and shoulder pain. Physical examination revealed tenderness in the neck, decreased range of motion of the cervical spine, tenderness in the bilateral upper extremities, and pain with range of motion of the shoulders, tenderness in the bilateral wrists with painful ranges of motion. There is no discussion of adverse side effects, aberrant behaviors, current pain level, reduction of pain with medications, or complaint of gastrointestinal issues. The treatment and diagnostic testing to date has included: ice, stretching, walking, medications, heat, rest, and activity. Medications have included: Ibuprofen, Percocet, Prilosec, Robaxin, Topamax, Tramadol, Voltaren gel, and Wellbutrin. The records indicate she has been utilizing Ibuprofen, Prilosec, Topamax, Tramadol, Percocet, Robaxin, and Wellbutrin since at least April 2015, possibly longer. Current work status: unclear. The request for authorization is for: Ibuprofen 800mg quantity 60 for 6 months, Prilosec 20mg quantity 60 for 6 months, Topamax 50mg quantity 90 for 6 months, Tramadol 50mg quantity 90 for 6 months, Percocet 5-325mg quantity 60 for 6 months, Wellbutrin 200mg quantity 60 for 6 months, and Robaxin 750mg quantity 90 for 6 months. The UR dated 9-28-2015: non-certified the requests for Ibuprofen 800mg quantity 60 for 6 months, Percocet 5-325mg quantity 60 for 6 months; modified the request for Prilosec 20mg quantity 60 and

Robaxin 750mg quantity 20 for weaning, Topamax 50mg quantity 90 for weaning, Tramadol 50mg quantity 60 for weaning, and Wellbutrin 200mg quantity 60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for ibuprofen prescription has not been established; the request is not medically necessary.

Prilosec 20mg #60 for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that he has GERD. Furthermore,

the patient has no documentation of why chronic PPI therapy is necessary. Medical records do not indicate that the patient has been refractory to H2 blocker therapy and he has not records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Prilosec prescription is not medically necessary.

Topamax 50mg #90 for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Topamax (topiramate), an anticonvulsant adjuvant medication and its use was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Guideline does acknowledge that topiramate or Topamax can be considered for neuropathy pain when other anticonvulsants fail, in this case, however, the evidence on file did not establish the failure of other first line therapies for neuropathic pain. Since the medical records also do not support that the patient has a seizure disorder, the medication prescription is not indicated. Therefore, based on the submitted medical documentation, the request for topiramate is not medically necessary.

Tramadol 50mg #90 for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." "This patient has cervical pain which is currently being treated with opioids. The patient is at risk for addiction due to his current opioid use. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.

Percocet 5/325mg #60 for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Percocet 10/325 is not medically necessary.

Wellbutrin 200mg #60 for 6 months: Upheld

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

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 don't support the fact that this patient has chronic depression. Likewise, 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 which is not first line therapy for chronic pain syndrome. 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 chronic pain; however, the clinical records indicate that he does not have severe depression. Management of clinical depression is best done with a specialist. Despite his persistent pain, there is no evidence this patient is being treated by a specialist. Therefore, based on the submitted medical documentation, the request for Wellbutrin prescription is not medically necessary.

Robaxin 750mg #90 for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Non-sedating muscle relaxants.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The clinical records submitted do support the fact that this patient has chronic lower back pain. However, the records indicate that this patient has been on the medication for longer than 2 weeks with no documentation of muscle spasms. The California MTUS guidelines address the topic of muscle relaxant prescription. In accordance with the California MTUS guidelines, Robaxin is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." There is indication in the documentation that Robaxin is being prescribed for this patient's chronic pain. The presence of muscle spasms is not documented in this patient's recent clinical records. Documentation of the continued need for Robaxin prescription is not supported. Therefore, based on the submitted medical documentation, the request for robaxin prescription is not medically necessary.