

<b>Case Number:</b>	CM15-0052486		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 44 year old male patient who sustained an industrial injury on 01/20/2011. The most recent medical record provided for review was dated 02/19/2015 and reported subjective complaints of low back pain described as excruciating. He reports his back has given out on several occasions, and he's fallen. He reports severe pain across the low back accompanied by muscle spasm and stiffness. He cannot sleep and reports the medications not offering adequate pain control. Additionally, he states feeling depressed, anxious and sleep deprived. He is noted allergic to Naprosyn. The following diagnoses are applied: discogenic cervical condition; discogenic lumbar condition; impingement syndrome and bicipital tendinitis of left shoulder; weight gain, and fatty liver. The plan of care involved not working, follow up 03/25/2015, prescribed Wellbutrin, Norco 10/325mg, Gabapentin 600mg, obtain a magnetic resonance imaging study and psychiatric referral. A follow up visit dated 09/24/2014 reported subjective complaint of his shoulder pain is doing better. He has undergone 24 sessions of physical therapy, and still with some stiffness and loss of range of motion. Additional therapy is recommended. Pain management recommending steroid injection. Laboratory work up showed elevated liver function levels. Pending ultra sound results. Recommending discontinuation of medications with Tylenol secondary to liver status. He is pending a pain management follow up and in the meantime Oxycontin was discontinued and prescribed Oycodone. He is diagnosed with discogenic neck; discogenic lumbar condition; impingement syndrome and element of depression and sleep deprivation. The plan of care involved prescribing Oxycodone 5mg # 90, follow up in 4 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 150mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Mental Illness and Stress Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Anti-Depressants.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Wellbutrin 150 mg #60 is not medically necessary. Wellbutrin is recommended as an option after other agents. While Wellbutrin has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Bupropion is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to a tri-cyclic or SNRI (antidepressant). Wellbutrin is second-generation non-tri-cyclic antidepressants. See the guidelines for additional details. In this case, the injured workers working diagnoses are discogenic cervical condition; discogenic lumbar condition; impingement syndrome and bicipital tendinitis of the shoulder status post the compression, biceps tendon release, and stabilization; weight gain, element of depression, headaches and issues with sleeping concentration. The documentation from a December 22, 2014 note shows the treating provider started Wellbutrin 150 mg. In a subsequent progress note dated January 14, 2015, the subjective documentation indicates medicines are not getting adequate control. There is no description of the symptoms of depression. There are no objective findings. There is no documentation of objective functional improvement with Wellbutrin. Consequently, absent clinical documentation with objective functional improvement with ongoing Wellbutrin. Wellbutrin 150 mg #60 is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Pain (Chronic) Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20mg mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not

limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are discogenic cervical condition; discogenic lumbar condition; impingement syndrome and bicipital tendinitis of the shoulder status post the compression, biceps tendon release, and stabilization; weight gain, element of depression, headaches and issues with sleeping concentration. The documentation indicates Protonix was started December 22, 2014 along with a nonsteroidal anti-inflammatory drug, Nalfon. In the subsequent progress note dated January 14, 2015, nonsteroidal anti-inflammatory drugs were discontinued due to adverse effects, but Protonix was continued. Further examination from a March 2014 progress note shows the injured worker has a history of gastritis. Protonix 20 mg one per day is the appropriate dosing schedule. The treating provider prescribed Protonix 20 mg #60 that translates to b.i.d. dosing. Consequently, absent compelling clinical documentation to support Protonix 20 mg #60 (b.i.d. dosing), Protonix 20 mg #60 is not medically necessary.