MAXIMUS Federal Services

Case Number:	CM15-0233881		
Date Assigned:	12/10/2015	Date of Injury:	12/26/2011
Decision Date:	01/13/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	11/30/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 65-year-old woman sustained an industrial injury on 12-26-2011. Diagnoses include lumbar sprain, thoracic sprain, cervical sprain, post-traumatic migraines, bilateral arm strains, and bilateral feet numbness and tingling. Treatment has included oral medications including Diclofenac, Zomig, Frova, Hydromorphone, and Bupropion. Physician notes dated 11-10-2015 showed complaints somewhat increased of neck, upper and low back pain. The worker has been tapering her medications. The physical examination shows tenderness to the cervical and thoracic paravertebral muscles and cervical thoracic and lumbar facets. Cervical spine range of motion shows neck rotation to 70 degrees with end point pain, shoulder raise with minimal discomfort, elbow flexion and grip intact, and pain with low back extension. Recommendations include Bupropion, Diclofenac, Frova, neurology consultation, and Opana taper. Utilization Review denied requests for Bupropion, Diclofenac, and Frova on 11-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion ER 300mg, #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

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

Decision rationale: Bupropion ER 300mg, #30 with 6 refills is not medically necessary per the MTUS Guidelines. The MTUS recommends antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The request for this medication with 6 refills is not medically necessary as the MTUS does not support refills of medications without evidence of efficacy and functional improvement.

Diclofenac Potassium 50mg, #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Diclofenac Potassium 50mg, #60 with 4 refills is not medically necessary per the MTUS Guidelines. The MTUS states that Diclofenac Potassium can be used in conditions such as osteoarthritis and ankylosing spondylitis. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The request for Diclofenac potassium with 6 refills is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The guidelines do not support long-term use of NSAIDs or continued use of medications without evidence of efficacy. The request for Diclofenac with 6 refills is not medically necessary.

Frova 2.5mg, #9 with 6 refills: 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) Head, Migraine, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head-Triptans and Other Medical Treatment Guidelines http://www.frova.com/hcp/dosing.aspx.

Decision rationale: Frova 2.5mg, #9 with 6 refills is not medically necessary per the ODG Guidelines and an online review of this medication. A review online of Frova indicates that a triptan medication indicated for acute migraines. Triptans is recommended per the ODG for migraine sufferers. The request for this medication with 6 refills is not medically necessary as continued use of medication is dependent on efficacy and functional improvement. Therefore, the request for Frova with 6 refills is not medically necessary.