

Case Number:	CM13-0034356		
Date Assigned:	12/06/2013	Date of Injury:	03/16/2001
Decision Date:	01/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 53 year old female who sustained a work related injury on 3-16-2001 from an unknown mechanism. Per the progress report dated 9/18/13, the claimant is complaining pain in the upper and lower extremities secondary to complex regional pain syndrome. Cervical SCD is helpful. She continues to have excruciating headaches; Norco is increased to help this pain. TPI and occipital nerve blocks did not produce lasting benefit. Bmin CT dated 6/13 was unremarkable. She sees a psychiatrist for her depressive symptoms, which are getting worse. She takes Cymbalta but would like something more thus Wellbutrin is requested. She has abdominal symptoms and a colonoscopy revealed external hemorrhoids only. She denies history of gastric or duodenal ulcers. EDS 2003 revealed ulnar neuropathy. Request is for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14.

Decision rationale: Agree with the previous UR decision. The claimant is already under the care of a psychiatrist for depression and is treated with Cymbalta. It would be appropriate to refer her to the psychiatrist to optimize her anti-depressants.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk..

Decision rationale: Prilosec or Proton Pump Inhibitor is recommended with precautions in patients taking NSAID, because of potential development of gastro-intestinal bleeding. Vicodin does not have NSAID properties, and therefore the addition of Prilosec is not related to Vicodin therapy. Vicodin HP (hydrocodone bitrate and acetaminophen tablets) is used to relieve moderate to severe pain. It is a combination of hydrocodone, a narcotic pain reliever, and acetaminophen, an analgesic pain reliever. Common side effects include nausea, vomiting, constipation, lightheadedness, dizziness, or drowsiness. According to Chronic Pain Medical Treatment Guidelines page 68 (MTUS -Effective July 18, 2009) clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient does not fall into any of these categories; hence the guideline does not apply. Therefore the request for Prilosec 20mg #60 is not medically necessary.