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| <b>Case Number:</b>   | CM14-0145871 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 11/07/2013 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 is a 55-year-old male with a 11/7/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 8/13/14, the patient complained of increased lower backache, rated as a 4 with medications, and an 8 without medications. He stated that he felt like his medications are not as effective on this visit. He noted increased low back pains with increased activity levels for the past 4 weeks. His current medication regimen consisted of Celebrex, Gabapentin, Ibuprofen, Lidocaine ointment, and Meloxicam. A previous MRI dated 1/16/14 revealed multilevel degenerative disc disease-bulging/herniated discs with annular tears and more prominent at lower levels. Moderately severe spinal canal stenosis present at L4-5, disc at L5-S1 abuts the left S1 nerve root. Multilevel neural foraminal narrowing. Mild multilevel joint facet arthropathy and ligamentum flavum hypertrophy. Objective findings: antalgic gait, restricted range of motion (ROM) of lumbar spine, tenderness to palpation of paravertebral muscles, no spinal process tenderness noted, full ROM of neck without palpable tenderness, light touch sensation decreased on both sides. Diagnostic impression: lumbar radiculopathy, lumbar facet syndrome, low back pain. Treatment to date: medication management, activity modification. A UR decision dated 8/26/14 denied the requests for Wellbutrin, Vimovo, MRI of the lumbar spine, and urine drug screen. The request for 1 medial branch block at left L3, L4, L5, and S1 was modified to certify 1 medial branch block at left up to 2 levels between L3-S1. Regarding Wellbutrin, there is no evidence of any depression or mood alterations and neurogenic pain appears to be adequately managed with the current prescription regimen. Regarding Vimovo, the prescription is a combination non-steroidal anti-inflammatory drug (NSAID)/proton pump inhibitor, a trial of naproxen and omeprazole or similar combination is recommended prior to a prescription of Vimovo. Regarding MRI, despite the report of ongoing lower back pain, there is no current documented objective evidence of any

new or progressive neurological deficits that would warrant repeat MRI evaluation. Records show that lumbar MRI was performed in January of 2014 and there have been no major changes in clinical status to support further advanced imaging evaluation at this time. Regarding urine drug screen, the provider should present clear documentation addressing the reasoning behind frequency of testing which includes some sort of risk assessment. Regarding medial branch block, a previous request for right sided lumbar medial branch block was certified on 4/4/14, however, it does not appear that this was ever performed and the certification expired as of 6/2/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**WELLBUTRIN XL 150MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation FDA (Wellbutrin)

**Decision rationale:** CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. According to the FDA, Wellbutrin (bupropion) is an antidepressant medication. It works in the brain to treat depression. Wellbutrin is used to treat major depressive disorder and seasonal affective disorder. In the progress note dated 8/13/14, the provider is prescribing Wellbutrin as a trial for mood disturbance and additional neuropathic pain. However, there is no documentation that the patient has any symptoms of depression or any other mood disturbances. There is no documentation that he has had an increase in his neuropathic pain. Therefore, the request for Wellbutrin XL 150mg #30 was not medically necessary.

**VIMOVO DR 500-200MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS FDA (Vimovo), FDA (Omeprazole)

**Decision rationale:** According to the FDA, Vimovo contains a combination of esomeprazole and naproxen. CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal (GI) irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these

medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. There was no documentation of functional improvement or improved activities of daily living to support the continued use of naproxen. In addition, there is no rationale provided as to why the patient needs a combination product as opposed to taking the NSAID and proton pump inhibitor separately. Therefore, the request for Vimovo DR 500-200mg #60 was not medically necessary.

### **1 MEDIAL BRANCH BLOCK AT LEFT L3, L4, L5 AND S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK- THORACIC AND LUMBAR (ACUTE AND CHRONIC)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Medial Branch Blocks

**Decision rationale:** CA MTUS does not address this issue. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, this is a request for injections at 4 joint levels. Guidelines only support up to 2 joint levels for injection in one session. Therefore, the request for 1 Medial Branch Block at left L3, L4, L5, and S1 was not medically necessary.

### **1 MRI OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. It is noted that the patient just had an MRI in January of 2014, and there are no significant changes in the patient's condition to warrant repeat imaging in such a

short time frame. The patient is noted to have increased low back pain, but there is no description of any significant neurological changes in his condition. Therefore, the request for MRI of the lumbar spine was not medically necessary.

**URINE DRUG TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (ACUTE AND CHRONIC)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the reports reviewed, there is no documentation that the patient's medication regimen includes opioid medications. It is unclear why the provider is requesting a urine drug screen at this time. It is unclear what medications he is specifically testing for. Therefore, the request for Urine Drug Test was not medically necessary.