

Case Number:	CM14-0211637		
Date Assigned:	12/24/2014	Date of Injury:	03/20/1999
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male with a date of injury 3/20/1999. The mechanism of injury is not described in the medical records that are available to me. On 11/20/2014 he followed up with his treating physician for right shoulder pain, his pain was rated as 6/10 with medications and 8/10 without medications, he reported that his medications were working well and he was experiencing constipation as a side effect. On 11/18 he had received a right shoulder cortisone injection with a resultant decrease in pain of up to 50%. , his medication regimen included aciphex 20mg, Colace 250mg, ibuprofen 800mg, Neurontin 800mg, Wellbutrin XL 150mg, flexeril 10mg, miralax pdr, tegaderm, Lidoderm 5% patch. His physical exam revealed restricted ROM with pain in the cervical spine, paravertebral muscle tenderness and hypertonicity on both sides, spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms, tenderness in the right side of trapezius muscle. The shoulder exam revealed an arthroscopic incision, range of motion was restricted and he was unable to perform due to pain, Hawkins test is positive, shoulder crossover test is positive, tenderness is noted in the acromioclavicular joint, glenohumeral joint and subdeltoid bursa. Abnormalities on motor exam include, shoulder abduction 4/ on the right, shoulder external rotation 3/5 on right, shoulder internal rotation is 3/5 on right. His diagnosis includes right shoulder pain. He is using a Tens unit 3-4 times daily with excellent pain relief for several hours. His work status is Permanent and stationary and he is currently not working. The request is for Wellbutrin XI 150mg #30 with 5 re-fills: Aciphex 20mg #30 with 5 re-fills: Miralax with 5 re-fills: Duragesic 75mcg #10:

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Wellbutrin XI 150mg #30 with 5 re-fills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16.

Decision rationale: Per the MTUS, Bupropion (Wellbutrin) is a second generation non tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) and has shown some efficacy in the treatment of neuropathic pain but there is no evidence of efficacy in patients with non-neuropathic chronic low back pain, bupropion is general a third -line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. A review of the injured workers medical records that are available to me does not show a trial of first generation antidepressants and therefore the request for Wellbutrin XI 150mg #30 with 5 re-fills is not medically necessary.

1 prescription for Aciphex 20mg #30 with 5 re-fills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPI's).

Decision rationale: Per the MTUS it should be determined if the patient is at risk for gastrointestinal events, the risk factors listed include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids and/ or an anticoagulant or high dose/ multiple NSAID's. Per the ODG, if a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. A review of the injured workers medical records that are available to me does not show that the injured worker has gastrointestinal risk factors and does not show a trial of more cost effective PPI's and therefore the request for Aciphex 20mg #30 with 5 re-fills is not medically necessary.

1 prescription for Miralax with 5 re-fills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced constipation treatment.

Decision rationale: Per the MTUS, when initiating therapy with opioids prophylactic treatment of constipation should be initiated. Per the ODG, When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. A review of the injured worker medical records show that the injured worker is going to be weaned off opioids, therefore the request for Miralax with 5 re-fills is not medically necessary.

1 prescription for Duragesic 75mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS, Duragesic is indicated in the management of persistent chronic pain, which is moderate to severe and requiring continuous around the clock opioid therapy, and should only be used in patients who are currently on opioid therapy for which tolerance has developed. Long term users of opioids should be re-assessed following specific criteria as listed in the MTUS, opioids should be continued if the patient has returned to work and has improved functioning and pain. In Opioid hyperalgesia, there is development of abnormal pain, a change in pain pattern or persistence of pain at higher levels than expected. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. A review of the injured workers medical records reveals that he has not returned to work and his pain level only decreases from an 8/10 to a 6/10 with medications, Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. The injured worker also appears to be experiencing hyperalgesia and it appears that weaning is warranted, therefore based on the injured workers clinical presentation and the guidelines the request for Duragesic 75mcg #10 is not medically necessary.