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| Case Number: | CM14-0214746 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 11/10/2006 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 47 year-old female with a 11/10/2006 date of injury. According to the 11/17/14 psychiatry report, the patient presents with jaw/TMJ pain, progressive hearing loss, and ear pain. She was diagnosed with chronic cervicalgia; situational depression/anxiety; pain-related insomnia; history of iatrogenic bleeding, peptic ulcer disease, childhood thyroid disorder; possible fibromyalgia; bilateral TMJ syndrome. On 12/02/2014 utilization review modified a request for Miralax, by authorizing use for 1 month and denying the refills. Nortriptyline was modified to allow 1 month and deny refills. The letter provided for review is missing pages and the rationale for the denial of Wellbutrin and Aciphex is not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 75mg #90 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTSfor Bupropion (Wellbutrin) Page(s): 16, 8, 9.

Decision rationale: MTUS guidelines under: Specific Antidepressants, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement", and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Wellbutrin. The request for Wellbutrin 75mg #90 x 3 refills IS NOT medically necessary.

Nortriptyline Hydrochloride 10mg #90 x 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter online for Insomnia treatment.

Decision rationale: The records did discuss improved function with nortriptyline. The patient has been using this since 2/14/2013 and there was mention of improved sleep patterns. More recently on 12/24/14, the physician reports that the patient was only 4-5 hours of sleep without nortriptyline, but with the medication she gets 6-7 hours of sleep. MTUS Chronic Pain Medical Treatment Guidelines, pg. 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. ODG guidelines, Pain chapter online for Insomnia treatment, under Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) states these have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. The use of nortriptyline appears to be in accordance with MTUS and ODG guidelines. The request for Nortriptyline Hydrochloride 10mg #90 x 3 refills IS medically necessary.

Miralax oral powder 1qt x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-induced Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The patient is reported to be using Percocet for pain, and reports that it causes constipation relieved with Miralax. MTUS Chronic Pain Medical Treatment Guidelines, page 77 under the heading: Therapeutic Trial of Opioids, Initiating Therapy states that when

initiating a trial of opioids, that "Prophylactic treatment of constipation should be initiated." The use of Miralax for opioid induced constipation appears to be consistent with the MTUS guidelines. The request Miralax oral powder 1qt x 3 refills IS medically necessary.

Aciphex 20mg #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient was reported to be using aciphex for gastric upset from use of Percocet. There is no indication that the patient is using any NSAID medications, and there is no reported history of gastric bleed or peptic ulcer. The physician states that the patient no longer takes the Aciphex. The MTUS guidelines allow for use of Aciphex for patients at risk for GI events, or for dyspepsia secondary to NSAID therapy. MTUS Chronic Pain Medical Treatment Guidelines Pg. 68-69 under NSAIDs, GI symptoms & cardiovascular risk states: 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. The patient is not taking NSAIDs and does not have any of the MTUS GI risk factors that would allow for use of Aciphex on a prophylactic basis. The request for Aciphex 20mg #30 x 3 refills IS NOT medically necessary.