

Case Number:	CM15-0006162		
Date Assigned:	01/15/2015	Date of Injury:	03/16/2001
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Internal 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 54 year old female, who sustained a work related injury on 6/25/98 and 3/16/01. The diagnoses have included bilateral upper and lower extremity pain syndrome, lateral epicondylitis, medication induced gastritis and chronic cervicogenic headaches. Treatment to date has included diagnostic studies, spinal cord stimulator therapy, Botox injection in neck and EGD. She is currently taking the medications of Cymbalta, Neurontin, Welbutrin, Ativan and the pain patch and has been on them for long time. The injured worker complains of continuing neck and low back pain, bilateral arms and legs pain and heartburn issues. On 1/2/15, Utilization Review certified prescription requests for Cymbalta 30mg, #60 and Neurontin 600mg. #120. Utilization Review non-certified Welbutrin 100mg. #30, Flector patch 1.3% #60, and Ativan 1mg. #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion) Pages 16, 27, 125. Antidepressants for chronic pain Page 13-16.. Decision based on Non-MTUS Citation FDA Prescribing Information Wellbutrin <http://www.drugs.com/pro/wellbutrin.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) indicates that Wellbutrin (Bupropion) is an antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Wellbutrin has been shown to be effective in relieving neuropathic pain of different etiologies. Bupropion has shown some efficacy in neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA guidelines indicate that Wellbutrin is indicated for the treatment of major depressive disorder. Medical records document a history of depression, anxiety disorder, complex regional pain syndrome, cubital tunnel syndrome, ulnar neuritis, neuropathy, lateral epicondylitis, wrist synovitis. The patient has a diagnosis depression and is treated by a psychiatrist. Medical records document chronic pain, neuropathic pain, and depression. The use of Wellbutrin is supported by is supported by MTUS and FDA guidelines. Therefore, the request for Wellbutrin 100 mg is medically necessary.

Ativan 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain (Chronic) Benzodiazepines

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the Benzodiazepines. MTUS guidelines do not support the long-term use of Benzodiazepines. ODG guidelines do not recommend the long-term use of Benzodiazepines. Therefore the request for Ativan (Lorazepam) is not supported. Therefore, the request for Ativan is not medically necessary.

Flector Patch 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Flector patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. All nonsteroidal anti-inflammatory drugs (NSAIDs) have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document that an upper gastrointestinal endoscopy study from 3/25/14 showed mild antral gastritis, moderate sliding hiatal hernia and irregular Z-line. A history of gastritis, esophagitis, odynophagia was noted. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records document the long-term use of NSAIDs, which is not recommended by MTUS guidelines. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the topical NSAID Flector Patch is not supported by MTUS guidelines. Therefore, the request for Flector patch is not medically necessary.