

Case Number:	CM15-0016752		
Date Assigned:	02/05/2015	Date of Injury:	07/08/2011
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury reported on 7/8/2011. He has reported left knee pain. The diagnoses have included medical meniscus tear, status-post left arthroscopy; and left knee chondromalacia. Treatments to date have included consultations; diagnostic imaging studies; left knee surgeries (2/12/13 & 7/8/14); physical therapy; viscosupplementation injections x 3; chiropractic treatments; and medication management. The work status classification for this injured worker (IW) was noted to be back at work on modified duties. On 1/22/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/14/2015, for Omeprazole 20mg #60 with 2 refills, and Bupropion (Wellbutrin XL) #60. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, non-steroidal anti-inflammatory drugs, long-term proton pump inhibitor use, anti-depressants for chronic pain, Bupropion, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 (dispensed by MD) 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & card.

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

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. 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)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Omeprazole is not medically necessary.

Bupropion (Wellbutrin XL #60 (dispensed by MD): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 50.

Decision rationale: MTUS guidelines states regarding Bupropion (Wellbutrin): This is "a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non- neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007). Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss. Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" Regarding this patient's case, it would appear that this medication was prescribed by the patient's Orthopedic physician. There is no mention of a diagnosis of neuropathic pain. This patient does have chronic pain. This medication is not considered medically necessary based of a review of the medical records that have been provided.