

Case Number:	CM15-0122565		
Date Assigned:	07/06/2015	Date of Injury:	10/12/2007
Decision Date:	09/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Emergency 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 29 year old male, who sustained an industrial injury on 10/12/2007. The mechanism of injury is unclear. The injured worker was diagnosed as having right shoulder recurrent dislocation and instability, scapholunate disassociation, patellofemoral pain syndrome of the right knee, likely facet capsular tears of his cervical and lumbar spine, radial styloid fracture and carpal tunnel syndrome, right rib fracture, and sternoclavicular trauma. Treatment to date has included medications, magnetic resonance imaging, AME evaluation, and urine drug screening. The request is for Wellbutrin, Zanaflex, and Prilosec. On 1/29/2015, he complained of right shoulder pain. He rated his pain 6/10. He is reported to have nociceptive, neuropathic and inflammatory pain. The provider noted there was no evidence of drug abuse, diversion or aberrant behavior observed, and no adverse drug reactions reported. A urine drug screening dated 11/21/2014 was noted to be within normal limits. He is reported to attain a 60% improvement in pain with medications, and has attempted to wean himself off medications with a noted increase to his pain, suffering, and a decrease in functional capacity. Physical findings revealed a restricted range of motion for the right shoulder, elbow, and wrist and middle two fingers of the right hand. He is noted to have worsening complex regional pain syndrome across the right upper extremity. The current medications are listed as: Grilise starter pack, Norco, Prilosec, Topamax, Wellbutrin, and Zanaflex. The treatment plan included: follow up in one month. On 2/25/2015, he complained of continued right shoulder pain. He rated his pain 7/10. He is continued on Grilise, Neurontin, Norco, Topamax, Wellbutrin, and Zanaflex. On 3/26/2015, he complained of right shoulder pain, rated 7/10 with pain shooting down the right arm. He reported that activity worsens the condition. He has contractures of the right upper extremity and of the

middle two fingers of the right hand. He is continued on Neurontin, Norco, Topamax, Wellbutrin, and Zanaflex. On 5/20/2015, he complained of right shoulder pain. He rated the pain 6/10. Medications are: Neurontin, Norco, Topamax, Wellbutrin, and Zanaflex. Physical findings revealed contractures of the right upper extremity due to inability to open his palm and contractures of the 2 middle fingers of the right hand, swelling and decreased range of motion. The records indicated he had been utilizing Zanaflex since at least November 2014, possibly longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 100mg, One By Mouth Three Times Per Day, #90, 3 Refills (Prescribed 5-20-15):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Bupropion (Wellbutrin); Antidepressants for chronic pain Page(s): 27, 13-16.

Decision rationale: Per the CA MTUS, Wellbutrin (Bupropion) is an atypical antidepressant, second generation non-tricyclic that acts as a norepinephrine and dopamine reuptake inhibitor, which has been shown to be effective in relieving neuropathic pain. Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects of Wellbutrin, including excessive sedation should be assessed; especially those which would affect work performance. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long term effectiveness of antidepressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. Antidepressants for neuropathic pain per the CA MTUS recommend tricyclic antidepressants as a first line option, especially if pain accompanied by insomnia, anxiety, or depression. Other recent reviews recommended both tricyclic antidepressants and serotonin-norepinephrine reuptake inhibitors (SNRIs) as first line options. Antidepressants used for non-neuropathic pain is recommended as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In this case, the records indicated he has been utilizing Wellbutrin since at least November 2014, possibly longer. The records do not document efficacy of the use of Wellbutrin or any side effects of this medication. The records also do not specifically indicate pain reduction with the

use of Wellbutrin, functional status, changes in use of other analgesic medication, sleep quality and duration, or give a psychological assessment with the use of Wellbutrin. In addition, there is no supporting documentation that the injured worker was diagnosed with depression. Therefore, the request for Wellbutrin 100mg, one by mouth three times per day, #90, 3 refills is not medically necessary.

Zanaflex 4mg, One By Mouth Two Times Per Day, #60, 3 Refills (Prescribed 5-20-15):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration approach to chronic pain management; Anti-spasticity drugs; Definitions: Functional improvement Page(s): 8-9, 64-66, 1.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Anti-spasticity drugs are used to decrease spasticity in conditions such as cerebral palsy, MS and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyper-reflexia, dystonia, contractures, paresis, lack of dexterity, and fatigability. In this case, physical findings consistently revealed topical allodynia on his entire right side of his body, contractures of the right upper extremity, and 2 middle fingers of the right hand. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with the utilization of Zanaflex. Therefore, the request for Zanaflex 4mg, one by mouth two times per day, #60, 3 refills is not medically necessary.

Prilosec 20mg, One By Mouth Two Times Per Day #60, 3 Refills (Prescribed 5-20-15):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors.

Decision rationale: Per the ODG guidelines state Prilosec (Omeprazole) is a proton-pump inhibitor. The CA MTUS guidelines indicate that proton pump inhibitors are recommended in those patients who are risk for gastrointestinal events and no cardiovascular disease.

The gastrointestinal event risk factors include: age over 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, concurrent use of ASA (aspirin), corticosteroids, and/or an anticoagulant, or high dose or multiple oral NSAID (non-steroidal anti-inflammatory drug) use. CAMTUS chronic pain guidelines recommend the use of a proton pump inhibitor (PPI) for patients at intermediate or high risk for gastrointestinal events with no cardiovascular disease with the utilization of a non-selective NSAID. The records indicate his current medications are Neurontin, Norco, Topamax, Wellbutrin, and Zanaflex. The documentation does not support use of NSAIDs. The records revealed he was negative for gastrointestinal symptoms, abdominal pain and abdominal cramps. The records do not support that he was over 64 years; had a history of peptic ulcer, or gastrointestinal bleeding or perforation, or concurrently using aspirin, or corticosteroids, or anticoagulants, or high dose or multiple oral NSAIDs. Therefore, the request for Prilosec 20mg one by mouth two times per day #60, 3 refills is not medically necessary.