

Case Number:	CM15-0171733		
Date Assigned:	09/14/2015	Date of Injury:	02/25/2013
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 female, who sustained an industrial injury on 2-25-13. The injured worker has complaints of lower back pain, right hip pain with radiation to the mid lateral thigh and intermittent pain down the back of the right greater left leg to the foot. The documentation on 7-30-15 that the injured workers visual analog scale with medications is 6 to 7 out of ten and without medications 9 out of 10, the documentation noted that moderate spasm in the gluteus muscles and right greater than left lumbar paraspinous muscles and markedly positive for frog leg test. The diagnoses have included chronic pain syndrome. Treatment to date has included ibuprofen; nexium; nortriptyline; venlafaxine; wellbutrin; transcutaneous electrical nerve stimulation unit; lateral femoral cutaneous nerve block and psychiatry and epidural steroid injection. The original utilization review (8-17-15) non-certified the request for wellbutrin 75 mg quantity 30 with 1 refill; venlafaxine 75 mg quantity 30 with 1 refill; nexium 20 mg quantity 30 with 1 refill and ibuprofen 800 mg quantity 30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 75 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Wellbutrin prescription for this patient. Wellbutrin is the name brand equivalent of generic bupropion. The clinical records submitted do support the fact that this patient has chronic depression. However, the medical records do not support that this patient has a refractory major depressive disorder with supervision by a specialist. The California MTUS guidelines do address the topic of Wellbutrin prescription. Specifically, per MTUS, Wellbutrin is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Wellbutrin is an atypical antipsychotic. Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. This patient has been not diagnosed with depression. Antidepressant therapy has been prescribed in triplicate for treatment of this patient's chronic pain. The patient has already been prescribed one antidepressant. Multiple antidepressants are not indicated. Therefore, based on the submitted medical documentation, the request for Wellbutrin prescription is not-medically necessary.

Venlafaxine 75 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an Effexor prescription for this patient. Effexor is the name brand equivalent of generic Venlafaxine. The clinical records submitted do support the fact that this patient has chronic depression. However, the medical records do not support that this patient has a refractory major depressive disorder with supervision by a specialist. The California MTUS guidelines do address the topic of Effexor prescription. Specifically, per MTUS, Effexor is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. Additionally, Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. This patient has been not diagnosed with depression. Antidepressant therapy has been prescribed in triplicate for treatment of this patient's chronic pain. The patient has already been prescribed one antidepressant. Multiple antidepressants are not indicated. Therefore, based on the submitted medical documentation, the request for Effexor prescription is not-medically necessary.

Nexium 20 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is not on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for Nexium use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that this patient has GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. Her risk for GERD is not documented to be refractory to H2 blocker therapy and he has not records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Nexium prescription is not medically necessary.

Ibuprofen 800 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for ibuprofen prescription has not been established.