

Case Number:	CM15-0178102		
Date Assigned:	09/18/2015	Date of Injury:	03/20/1999
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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 58-year-old male, with a reported date of injury of 03-20-1999. The diagnoses include right shoulder pain. Treatments and evaluation to date have included Aciphex, Ibuprofen (since at least 04-2015), Neurontin (since at least 04-2015), Wellbutrin (since at least 04-2015), Tegaderm dressing (since at least 04-2015), Hydrocodone-acetaminophen, Baclofen (since at least 06-2015), Lidoderm patch, Duragesic patch, Voltaren gel, right shoulder arthroscopy on 03-21-2013, cortisone injection to the right shoulder on 11-18-2014, right shoulder Arthrogram injection, and a TENS unit. The progress report dated 08-27-2015 indicates that the injured worker had right shoulder pain. He rated his pain 7 out of 10 with medications, and 9 out of 10 without medications. On 07-02-2015, the injured worker rated his pain 6 out of 10 with medications and 8.5 out of 10 without medications. It was noted that a urine drug test was performed on 07-02-2015 with confirmation for norhydrocodone, hydromorphone, gabapentin, fentanyl, and norfentanyl. The injured worker underwent an MRI of the right shoulder on 10-03-2011 which showed moderate to severe tendinosis of the supraspinatus and infraspinatus tendons, with partial-thickness tearing of the undersurface of the supraspinatus, focal superior labral tearing, posterior superior and posterior labral tearing, and partially detached inferior labral tear; and an x-ray of the right shoulder on 07-06-2011 with unremarkable findings. The objective findings include restricted range of motion of the cervical spine with pain; tenderness of the bilateral paravertebral muscles with hypertonicity; pain in the muscles of the neck with Spurling's maneuver; tenderness in the trapezius and right side of the trapezius; restricted movement of the right shoulder with flexion limited to 52 degrees and extension

limited to 37 degrees; inability to perform range of motion of the right shoulder due to pain; positive Hawkins test; positive right shoulder crossover test; and tenderness to palpation in the right acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. The treating physician noted that the CURES report dated 02-13-2014 was "appropriate". There was documentation that the injured worker had a signed pain narcotics agreement on file. The injured worker was able to do more with medications; there were no significant side effects; and no signs of aberrant behaviors. The injured worker's work status was noted as permanent and stationary. The injured worker is currently not working. The treating physician requested Tegaderm #15 with one refill, Wellbutrin XL 150mg #30 with five refills, Baclofen 20mg #90 with five refills, and Neurontin 800mg #120 with five refills. On 09-03-2015, Utilization Review (UR) non-certified the request for Tegaderm #15 with one refill, Wellbutrin XL 150mg #30 with five refills, and Neurontin 800mg #120 with five refills; and modified the request for Baclofen 20mg #90 with five refills to Baclofen 20mg #72 and Ibuprofen 800mg #90 with five refills to Ibuprofen 800mg with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 4x4.75 dressing 4x4 3/4 #15 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back/wound dressings.

Decision rationale: The request is for a dressing. The official disability guidelines states that dressings are advised in chronic wounds as stated below: "Recommend the following combinations: for chronic wounds, (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings. For more information, see the Forearm Wrist & Hand Chapter. See also Hyperbaric oxygen therapy." In this case, the dressing requested is not indicated. This is secondary to inadequate documentation of an open wound requiring the requested treatment. As such, the request is not medically necessary.

Wellbutrin XL 150mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)/Bupropion (welbutrin).

Decision rationale: The request is for the use of the medication bupropion. The official disability guidelines state the following regarding this medication: Recommended as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, 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. See Antidepressants for chronic pain for general guidelines, as well as specific Bupropion listing for more information and references. See also the Low Back Chapter. In this case, there is inadequate qualifying documentation to support use of this medication based on the guidelines. This is secondary to inadequate documentation of a diagnosis of major depression or neuropathic pain after an initial trial of first line therapy. As such, the request is not medically necessary.

Baclofen 20mg #90 with 5 refills: 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): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

Ibuprofen 800mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request is for the use of a medication in the NSAID class. The ODG state the following regarding this topic: Specific recommendations: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between

traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Acute low back pain & acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008) The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. 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. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. (Namaka, 2004) (Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & Medications for acute pain (analgesics). Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. (Maroon, 2006) The risks of NSAIDs in older patients, which include increased cardiovascular risk and gastrointestinal toxicity, may outweigh the benefits of these medications. (AGS, 2009) As stated above, acetaminophen would be considered first-line treatment for chronic pain. In this case, the use of an NSAID is reasonable. At issue is the number of refills requested. NSAIDs require screening measures for not only efficacy but side effects seen. As such, 5 refills would not be advised. As such, the request is not medically necessary.

Neurontin 800mg #120 with 5 refills: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is lack of documentation of adequate pain reduction for continued use. The records also do not reveal functional improvement as required. As such, the request is not medically necessary.