

<b>Case Number:</b>	CM15-0068360		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/29/2007
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Physical Medicine & Rehabilitation

### 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 63-year-old male, who sustained an industrial injury on March 9, 2007. He reported headache and back pain. The injured worker was diagnosed as having chronic post-traumatic headache and back sprain. Treatment to date has included diagnostic studies, conservative care, medications and activity restrictions. Currently, the injured worker complains of left hip pain down the left knee region, mostly in the left thigh and right shoulder pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted surgery was not recommended. Evaluation on November 20, 2014, revealed continued pain as noted. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion HCL 75mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific antidepressants; antidepressant medications Page(s): 13-16.

**Decision rationale:** The patient was injured on 03/29/2007 and presents with low back pain. The request is for Bupropion HCL 75 mg. There is no RFA provided and the patient's work status is not known. The patient has been taking this medication as early as 02/11/2014. MTUS Guidelines under specific antidepressants page 16 for bupropion states that this is a second-generation non-tricyclic antidepressant (a noradrenaline-dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants pages 13 to 15 state: while bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain. The reason for the request is not provided. The patient has tenderness along his lumbar spine, tenderness along his right shoulder, and tenderness along his left hip. He is diagnosed with chronic posttraumatic headache and back sprain. The patient has fatigue, hearing loss, eye pain vision changes, heartburn, nausea, headache, tremors, gait disturbance, extremity weakness, anxiety, and depression. The use of this antidepressant would be reasonable given the patient's chronic pain along with anxiety and depression. However, none of the reports indicates its efficacy. There is no discussion regarding pain and functional benefits from the use of this medication, which the patient has been taking since 02/11/2014. MTUS Guidelines page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the requested bupropion is not medically necessary.

**Prilosec 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient was injured on 03/29/2007 and presents with low back pain. The request is for Prilosec 20 MG. There is no RFA provided and the patient's work status is not known. The patient has been taking this medication as early as 02/11/2014. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states: NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. As of 11/20/2014, the patient is taking bupropion, hydrocodone, nabumetone, and terazosin. In this case, the patient is not over 65, does not have history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAIDs. Therefore, the requested Prilosec is not medically necessary.

