

Case Number:	CM15-0068447		
Date Assigned:	04/16/2015	Date of Injury:	11/23/2011
Decision Date:	05/20/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	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 53-year-old female, who sustained an industrial injury on 11/23/11. Initial complaints were not noted. The injured worker was diagnosed as having lower back pain; radiculitis left lower extremity; lumbar disc herniation; neuropathic pain. Treatment to date has included MRI lumbar spine (7/17/13); medications. Currently, the PR-2 notes dated 2/10/15 indicate the injured worker complains of worsening symptoms of severe shooting pain down the left lower extremity and has difficulty walking. She walks with an antalgic gait and rates her pain at 8/10. She gets improvement with rest and medications. The provider's treatment plan includes lumbar epidural steroid injections x2 for her chronic intractable pain with radiculopathy and retrospective request for Diclofenac XR 100mg #60 (DOS: 2/10/15); Omeprazole 20mg #60 (DOS: 2/10/15); Wellbutrin 150mg #30 (DOS: 2/10/15) and Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Diclofenac XR 100mg #60 (DOS: 2/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22. Decision based on Non-MTUS Citation Pain (chronic) chapter, Diclofenac.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated at 8/10. The request is for retrospective request for diclofenac XR 100mg #60 (dos: 2/10/15). The request for authorization is not provided. MRI of the lumbar spine, 07/17/13, shows degenerative grade I anterolisthesis of L4 on L5; disc desiccation at L4-L5 and L5-S1; broad-based posterior disc herniation which causes stenosis of the spinal canal and of the bilateral lateral recess with contact on the bilateral L5 transiting nerve roots; hypertrophy of facet joints and ligamentum flava; disc material and facet hypertrophy cause stenosis of the bilateral neural foramen that contact the bilateral L4 exiting nerve roots. Physical examination of the lumbar spine reveals positive tenderness in the paraspinal musculature and SI joints. Right positive muscle spasm in the paraspinal musculature. Range of motion is decreased due to pain. Positive straight leg raise. She reports worsening of her symptoms. She is walking with an antalgic gait and states she has difficulty walking. Her pain is severe 8 out of 10. It is sharp shooting pain down the left lower extremity. She gets some improvement with rest and with medications. Patient's medications include Diclofenac, Omeprazole, Wellbutrin and Cyclobenzaprine. Per progress report dated, 02/10/15, the patient is temporarily totally disabled. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that do not seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Per progress report dated, 02/10/15, treater's reason for the request is "for anti-inflammatory." The patient is prescribed Diclofenac since at least 10/28/14. Given patient's diagnosis and continued symptoms, MTUS supports the use of NSAIDs. However, ODG supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have not been trialed and failed, nor has treater addressed patient's risk profile. The request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Retrospective request for Omeprazole 20mg #60 (DOS: 2/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-89.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated at 8/10. The request is for retrospective request for omeprazole 20mg #60 (dos: 2/10/15). The request for authorization is not provided. MRI of the lumbar spine, 07/17/13, shows degenerative grade I anterolisthesis of L4 on L5; disc desiccation at L4-L5 and L5-S1; broad-based posterior disc herniation which causes stenosis of the spinal canal and of the bilateral lateral recess with contact on the bilateral L5 transiting nerve roots; hypertrophy of facet joints and ligamentum flava; disc material and facet hypertrophy cause stenosis of the bilateral neural foramen that contact the bilateral L4 exiting nerve roots. Physical examination of the lumbar spine reveals positive tenderness in the paraspinal musculature and SI joints. Right positive muscle spasm in the paraspinal musculature. Range of motion is decreased due to pain. Positive straight leg raise. She reports worsening of her symptoms. She is walking with an antalgic gait and states she has difficulty walking. Her pain is severe 8 out of 10. It is sharp shooting pain down the left lower extremity. She gets some improvement with rest and with medications. Patient's medications include Diclofenac, Omeprazole, Wellbutrin and Cyclobenzaprine. Per progress report dated, 02/10/15, the patient is temporarily totally disabled. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 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 antagonists or a PPI." Per progress report dated, 02/10/15, treater's reason for the request is to "reduce NSAID gastritis prophylaxis." The patient is prescribed Omeprazole since at least 10/28/14. In this case, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not indicate how the patient is doing, what gastric complaints there are, and why he needs to continue. Furthermore, the request for Diclofenac, a NSAID, is not authorized. Therefore, the request is not medically necessary.

Retrospective request for Wellbutrin 150mg #30 (DOS: 2/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Wellbutrin Page(s): 13-16.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated at 8/10. The request is for retrospective request for Wellbutrin 150mg #30 (dos: 2/10/15). The request for authorization is not provided. MRI of the lumbar spine, 07/17/13, shows degenerative grade I anterolisthesis of L4 on L5; disc desiccation at L4-L5 and L5-S1; broad-based posterior disc herniation which causes stenosis of the spinal canal and of the bilateral lateral recess with contact on the bilateral L5 transiting nerve roots; hypertrophy of facet joints and ligamentum flava; disc material and facet hypertrophy cause stenosis of the bilateral neural foramen that contact the bilateral L4 exiting nerve roots. Physical examination of the lumbar spine reveals positive tenderness in the paraspinal musculature and SI joints. Right positive muscle spasm in the paraspinal musculature. Range of motion is decreased due to pain. Positive straight leg raise. She reports worsening of her symptoms. She is walking with an

antalgic gait and states she has difficulty walking. Her pain is severe 8 out of 10. It is sharp shooting pain down the left lower extremity. She gets some improvement with rest and with medications. Patient's medications include Diclofenac, Omeprazole, Wellbutrin and Cyclobenzaprine. Per progress report dated, 02/10/15, the patient is temporarily totally disabled. MTUS Guidelines under: specific antidepressants, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Per progress report dated, 02/10/15, treater's reason for the request is "for depression neuropathic pain." In review of the medical records provided, there is no record indicating prior use of Wellbutrin; this appears to be the initial trial of this medication. Given the patient's continued symptoms and diagnosis of neuropathic pain, the request appears reasonable. However, the treater does not discuss or document the patient having depression. Per progress, report dated, 10/28/14, treater notes, "Psychological: The patient denies any history of depression." Per progress, report dated, 12/23/14, treater notes, "PSYCH: Mood euthymic." In addition, subsequent progress reports, treater states review of all 14 systems including psychological, is "Reviewed and Unchanged." Therefore, the request is not medically necessary.