

<b>Case Number:</b>	CM15-0069255		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	04/05/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 36 year old female, who sustained an industrial injury on April 5, 2008, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease and radiculopathy. Treatment included trigger point injections, pain medications, epidural steroid injection, anti-inflammatory drugs, topical analgesic creams and physical therapy. Currently, the injured worker complained of upper and lower back pain, numbness and pain in the lower extremities. The treatment plan that was requested for authorization included prescriptions for Oxycodone, Wellbutrin and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #90 x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, immediate release (OxyIR capsule, Roxicodone tablets; generic available) Page(s): 78-92, 68, 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over 2 years. There were several months with persistent 8-10/10 pain. There was no indication of Tricyclic or Tylenol failure. Long-term use is not indicated. There was also mention of prior irregularity in urine screen but test results could not be found. Continued use of Oxycodone is not medically necessary.

**Wellbutrin SR 100mg #90 x 6 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- mental- pg 17.

**Decision rationale:** According to the guidelines, management of depression can be managed with SSRI/SNRI like Wellbutrin. In this case, the response to medication and depression symptoms were not regularly noted. In addition, it is not the 1st line over tricyclic for neuropathic pain. The use of Wellbutrin was not justified in the clinical notes and is not medically necessary.

**Omeprazole 20mg #90 x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/PPI Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Omeprazole for over a year for gastritis but further workup was not noted nor the use of NSAIDs. Therefore, the continued use of Omeprazole is not medically necessary.