

Case Number:	CM15-0095171		
Date Assigned:	07/15/2015	Date of Injury:	06/25/2003
Decision Date:	09/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male who sustained an industrial injury on 06/25/2003. Current diagnoses include status post cervical fusion/discectomy on 02/04/2005, persistent low back pain and lower extremity pain, suspect left ischial bursitis, right shoulder surgery on 11/07/2007, heart arrhythmias (industrial), status post detox program, and EMG/NCV study consistent with left C7 radiculopathy, bilateral ulnar neuropathies. Previous treatments included medications, surgical intervention, physical therapy, shoulder injection, acupuncture, and home exercise program. Initial injuries occurred to the neck and low back due to repetitive lifting. Report dated 04/13/2015 noted that the injured worker presented with complaints that included ongoing right shoulder and low back pain. Pain level was 5 (right shoulder) and 3 (low back) out of 10 on a visual analog scale (VAS). Current medication regimen includes Suboxone, Neurontin, Prilosec, Wellbutrin XL, Lactulose solution for constipation, and Atarax. Physical examination was documented as no significant change. The treatment plan included prescriptions for Suboxone, Neurontin, Prilosec, Wellbutrin XL, and Atarax, call to make an appointment for an MRI of the right shoulder, encouraged to continue exercising, and follow up in 3 months. The injured worker has been prescribed Atarax, Neurontin, and Wellbutrin since at least 09/27/2012. It was noted that the injured worker has settled with future medical for the neck, low back, right shoulder, cardiovascular, and psych, and can continue current work. Currently the injured worker is working part-time, 18 hours per week. Disputed treatments include Neurontin 800mg #90 with 3 refills, Wellbutrin 150mg #60 with 3 refills, and Atarax 25mg #90 with 3 refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800mg #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of gabapentin (Neurontin). "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered the first line treatment for neuropathic pain." Medical records submitted indicate that the injured worker has had an EMG/NCV study which was consistent with left C7 radiculopathy and bilateral ulnar neuropathies. Therefore the request for Neurontin 800mg, #90 with 3 refills is medically necessary.

Wellbutrin 150mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain, Bupropion (Wellbutrin) Page(s): 13-16, 27.

Decision rationale: The California MTUS recommends "tricyclics as the first line treatment for neuropathic pain. Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that 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." Medical records submitted indicate that the injured worker has had an EMG/NCV study which was consistent with left C7 radiculopathy and bilateral ulnar neuropathies. The documentation submitted for review did not include failure of first line tricyclic medications. Therefore, the request for Wellbutrin 150mg, #60 with 3 refills is not medically necessary.

Atarax 25mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Anxiety medication in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety medications in chronic pain.

Decision rationale: Atarax is used to treat anxiety, tension, nervousness, nausea, vomiting, allergies, skin rash, hives, and itching. This medicine is an anti-histamine. Per the Official Disability Guidelines (ODG), "Hydroxyzine (Atarax) is used as a sedative to treat anxiety and tension. It also acts as an antihistamine and used to treat allergic skin reactions." In this case, there is no documentation that the patient has significant anxiety or allergic conditions to warrant the use of this medication. Medical necessity for Hydroxyzine has not been established. The requested medication is not medically necessary.