

Case Number:	CM13-0039415		
Date Assigned:	06/09/2014	Date of Injury:	12/15/1993
Decision Date:	07/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male who sustained an injury on 12/25/93. No specific mechanism of injury was noted. Rather, this was a cumulative trauma type injury. The injured worker had been assessed with discogenic pain primarily at L4-5 and L5-S1. There is an extensive surgical history for the injured worker to include three separate discectomies at L5-S1 followed by instrumented fusion from L4 through S1 performed in 2003. The injured worker is noted to have had an intrathecal therapy pump placed in 2012 as well as a spinal cord stimulator. The injured worker is noted to have an extensive history of narcotics use, to include Morphine Sulfate up to 12 per day. This had been slowly decreased down to seven per day. As of 09/17/13, the clinical report noted that the injured worker continued to work on reducing the amount of oral morphine sulphate immediate release (MSIR) taken per day. The injured worker felt that the intrathecal pump provided adequate pain control at 14.5mg per day and Fentanyl. The injured worker was utilizing Modafinil to decrease daytime fatigue and lack of stamina. The injured worker also reported improvement in his depression symptoms with the use of Wellbutrin. The injured worker felt that the spinal cord stimulator provided at least 50% improvement of his low back pain. The requested morphine sulphate immediate release (MSIR) 15mg, Modafinil 600mg per day, and Bupropion 600mg per day was denied by utilization review on 09/25/13. It is noted that both medications were modified to a quantity of 90 for Modafinil and a quantity of 120 for Bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: The requested Morphine Sulphate immediate release (MSIR) 15mg, is not medically necessary based on the clinical documentation provided for review and current evidence based Chronic Pain Medical Treatment Guideline recommendations. MSIR was requested with an unspecific frequency and duration. Therefore, the request is not medically necessary.

MODAFINIL 600 MG/DAY: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Modafinil.

Decision rationale: Based upon review of the provided records, the injured worker has been utilizing Modafinil over the recommended amount set by the Food and Drug Administration. Therefore, the requested Modafinil is not medically necessary and appropriate.

BUPROPION 600 MG/DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

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

Decision rationale: Based upon review of the provided records, the injured worker was utilizing a dose well over the recommended amount set by the Food and Drug Administration. This reviewer would not have recommended Bupropion at an unspecified frequency or duration at the 600mg requested. The requested Bupropion is not medically necessary and appropriate.