

<b>Case Number:</b>	CM13-0041383		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/26/1994
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant has filed a claim for chronic low back pain, hip pain, and shoulder pain associated with an industrial injury of January 26, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; multiple prior lumbar spine surgeries; an intrathecal pump; topical agents; antidepressants; and extensive periods of time off of work. The applicant has had numerous comorbidities, including smoking, coronary artery disease, and COPD. In a utilization review report of September 24, 2013, the claims administrator partially certified a request for Norco for weaning purposes, partially certified a request for Wellbutrin for weaning purposes, and partially certified a request for Lidoderm patches, also for weaning purposes. The applicant's attorney subsequently appealed, citing that ongoing usage of pain medications should be provided for palliative purposes. An October 8, 2013 progress note is notable for comments that the applicant reports multifocal low back and bilateral hip pain. The applicant liked to obtain reprogramming of his Morphine pump. He is presently on Norco, Lidoderm, Prilosec, and Wellbutrin on an industrial basis, albuterol, Altace, aspirin, gemfibrozil, Lopid, Lasix, metoprolol, Niacin, Plavix, potassium, Spiriva, and ramipril on a non-industrial basis. The applicant's Morphine pump is reprogrammed. It is stated that the applicant's response to pain medications is appropriate. It is stated that the applicant did not fill out a pain related impairment questionnaire. It is stated that the applicant should continue intrathecal Morphine and Dilaudid. It is stated in one section of the report that the applicant denies any history of depression or anxiety. The applicant's work status is not detailed. An earlier September 3, 2013 progress note is again notable for comments that the applicant did not fill out a pain-related impairment questionnaire. The applicant's Morphine pump was reprogrammed and refilled on this date as well. Medications were again issued. The applicant again denied any history of depression or anxiety.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, and When to Continue Opioids Page(s): 78,80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant does not appear to have returned to work. There is no evidence of improved functioning and/or reduced pain effected as a result of ongoing opioid usage. There is no evidence of improved performance of activities of daily living. The applicant is not filling out pain-related rated impairment questionnaires on any recent office visit. There is, thus, no evidence of self-reported analgesia or prior favorable response to Norco usage. It is further noted that the applicant is also receiving intrathecal opioids in addition to the oral opioids. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, the attending provider has not clearly stated why the applicant needs such high doses of both intrathecal and oral opioids. For all of these reasons, the request is not certified.

**Lidoderm patches 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of topical Lidoderm in those applicants with neuropathic pain which has proven recalcitrant to first-line therapy such as antidepressants and/or anticonvulsants. In this case, it does appear that the applicant has tried and failed first-line antidepressants, including Wellbutrin. However, the applicant has also been using the Lidoderm patches in question chronically. There is no evidence of lasting benefit or functional improvement effected through prior usage of the same. The applicant has failed to return to any form of work. There is no evidence of progressively diminishing work restrictions, improved performance of activities of daily living, and/or diminished reliance on medication treatment effected as a result of prior Lidoderm patch usage. If anything, the applicant's continued reliance on both intrathecal and oral opioids, taken together, implies a lack of functional improvement as defined by the parameters established in

MTUS 9792.20f. Therefore, the request for a renewal of Lidoderm patches is likewise not certified.

**Wellbutrin XL 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

**Decision rationale:** In this case, the attending provider has suggested that the applicant does not have any depressive symptoms and that the applicant is using Wellbutrin for chronic low back pain. While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does support of usage of Wellbutrin in the treatment of neuropathic pain, including the radicular back and neck pain present here, in this case, as with the other drugs, the applicant has used this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to return to work. There is no evidence of diminished work restrictions, improved performance of activities of daily living, and/or diminished reliance on medical treatment effected as a result of ongoing Wellbutrin usage. The applicant's continued dependence on oral and intrathecal opioids, taken together, implies a lack of functional improvement despite prior usage of Wellbutrin for neuropathic pain. Therefore, the request is likewise not certified.