

Case Number:	CM13-0057402		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2003
Decision Date:	04/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 59-year-old female with a date of injury of March 26, 2003. The injured worker has documented diagnoses of migraine headaches, neck pain, low back pain, and traumatic brain injury with thought difficulties, reading problems, math difficulties, and memory problems. The patient has been on opiates for the long-term including Duragesic patch 100 μg per hour every 2 days, Dilaudid 8 mg PO BID PRN, Topamax 25 mg PO QID, and Wellbutrin XL. The patient is documented to be able to perform her activities of daily living and to do volunteer work. There is a note from March 7, 2013 that documents that the patient has no aberrant behaviors. The patient has scored a 24 on the SOAPP-R, which represents high risk of aberrant medication related behavior. The disputed issues are the request for fentanyl, Wellbutrin, and Topamax. A utilization review determination on 11/12/2013 had noncertified these requests for the date of service 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fifteen (15) Duragesic patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Criteria Page(s): 76-80.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines on pages 76-80 state the following criteria for the ongoing use of opioids, including: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)" In the case of this injured worker, there is documentation of functional benefit and pain reduction from narcotic pain medication. However there is no documentation of monitoring of aberrant behavior in recent progress notes. The employee has scored a 24 on the SOAPP-R, which represents high risk of aberrant medication related behavior. This was documented in a progress note in July 2013. Since then, the employee continues on fentanyl patches but has not had any documentation of random urine drug testing or querying of the Cures database. Given this requirement, the request for additional patches at this time is recommended for noncertification.

Thirty (30) Wellbutrin XL 150 mg: 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: The Chronic Pain Medical Treatment Medical Guidelines on page 16 states: "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 in a small trial (41 patients)." While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, 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. Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily." In the case of this injured worker, a review of the progress notes does not indicate whether bupropion is being used off label for

neuropathic pain or for treatment of anxiety and depression. There is documentation of traumatic brain injury and thought difficulties as well as memory problems. There is not sufficient documentation of mood disorder and ongoing monitoring if the bupropion is used for this. The progress notes also do not indicate neuropathic pain in the physical examinations from recent progress notes including October 24, 2013 and September 26, 2013. Given the lack of documentation, this request is recommended for noncertification.