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| Case Number: | CM14-0100236 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 10/07/2009 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56 year-old male was reportedly injured on 12/7/2009. The mechanism of injury is not listed. The claimant underwent a lumbar decompression/fusion at L4/5 and L5/S1 on 3/28/2012, followed by hardware removal 2/5/2013. The most recent progress note dated 7/15/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated pain across lower back, positive straight leg raise; motor strength, right dorsiflexors, hip flexors and gluteal muscles 4/5, otherwise 5/5 in lower extremities bilaterally; deep vein thrombosis +1 bilaterally knees; decrease sensation S2, L4 and L5 dermatomes bilaterally; positive FABER and Gaenslen's maneuvers on right. No recent imaging studies available for review. The previous treatment includes lumbar spine surgery, epidural steroid injections and medications to include, Suboxone, Inderal and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 20mg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, diabetes.

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

Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines;
Diabetes - Hypertension Treatment (updated 7/20/14).

Decision rationale: The MTUS ACOEM practice guidelines do not address this medication. The ODG supports Inderal in the treatment of hypertension. Review the available medical records, documents chronic low back pain after an injury in 2009, as well as lumbar spine fusion and hardware removal. It is suggested that the claimant's hypertension is caused by increased pain levels, however the blood pressure and heart rate are within normal limits on examination. As such, this request is not considered medically necessary.

Wellbutrin 100mg three times daily #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27 & 125.

Decision rationale: Bupropion (Wellbutrin) is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. The MTUS guidelines support Wellbutrin for the treatment of neuropathic and radicular pain; however, there is no evidence of efficiency in patients with non-neuropathic chronic low back pain. The review of the available medical records, fails to show objective clinical documentation of neuropathic and/or radicular pain. As such, this request is not medically necessary.