

<b>Case Number:</b>	CM14-0018505		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	04/21/1998
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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 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 patient is an employee of [REDACTED] and has filed a claim for postlaminectomy syndrome of lumbar region associated with an industrial injury date of April 21, 1998. Treatment to date has included back surgery, oral pain medications, and epidural steroid injection. Medical records from 2012 through 2013 were reviewed showing the patient complaining of low back pain with radiation to the lower extremities. The most recent progress note is from November 2013 showing an unchanged condition. Physical exam demonstrated satisfactory sensory, motor, and deep tendon reflexes. Utilization review from January 21, 2014 modified to requests for Norco, Cymbalta, and Wellbutrin; Norco was modified due to no functional gain; Cymbalta was modified due to a high dose for chronic pain; Wellbutrin was modified due to no evidence for depression. Baclofen was denied due to no evidence of indication for baclofen. Lyrica was denied due to no evidence of an indication for use. Docusate was denied due to no indication of constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325, 1 PO BID-TID PRN #90 WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since May 2012. The most recent progress notes did not document any functional gains or decreased pain scores from the use of this medication. Therefore, the request for Norco is not medically necessary.

**BACLOFEN 10MG, 1 PO TID PRN #90 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the patient has been using baclofen since May 2012. However, the patient does not exhibit spasticity and muscle spasm related to multiple sclerosis or a spinal cord injury. Functional gains derived from this medication were not documented. Therefore, the request for baclofen is not medically necessary.

**CYMBALTA 30MG, TAKE 3 CAPSULES DAILY, #90 WITH 5 REFILLS:** Upheld

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

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

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines, antidepressants are a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. In this case, the patient has been taking Cymbalta since May 2012. However, the documentation did not mention functional gains or decreased pain scores from the use of this medication. The most recent progress notes did not clearly indicate the current functional and medical status of the patient; the history and physical exam were sparse. Therefore, the request for Cymbalta is not medically necessary.

**LYRICA 150MG, 1 PO TID #90 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has been using Lyrica since May 2012. However, recent progress notes did not document functional gains or decreased pain scores from the use of this medication. The documentation did not present the current status of the patient; the history and physical exam were sparse. Therefore, the request for Lyrica is not medically necessary.

**DOCUSATE CALCIUM 100MG, 1 PO BID PRN #100 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The California MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In this case, the patient has been on laxatives since May 2012. The concurrent opioid medications were deemed not medically necessary. There is no indication that the patient has constipation. Therefore, the request for docusate is not medically necessary.

**WELLBUTRIN 150MG PO QD, #30 WITH 1 REFILL:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, the antidepressant, bupropion, is effective in relieving neuropathic pain but there is no evidence for efficacy in patients with non-neuropathic chronic low back pain. In this case, the patient has been using bupropion since May 2012. However, recent progress notes did not indicate functional gains or decreased pain scores from the usage of this medication. In addition, the functional status of the patient is a relatively unclear given the progress notes; the history and physical exam were sparse. Therefore, the request for bupropion is not medically necessary.