

<b>Case Number:</b>	CM14-0117201		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/13/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 10/13/2009. The mechanism of injury was not provided in the medical records. She was diagnosed with failed low back syndrome and chronic lumbar pain. On 07/08/2014, the injured worker presented for followup. Her symptoms were noted to include low back pain with radiation to the bilateral lower extremities. Her medications include MS-Contin 30 mg, Norco 10/325 mg, Celebrex, Protonix, bupropion 150 mg, bupropion 75 mg, and gabapentin 300 mg. The documentation indicates that she had no side effects or aberrant behavior in regard to her medications. The documentation also indicates that without medication, all of her activities of daily living are severely interfered with, but with medications her pain moderately interferes with her activities of daily living, but she is able to work and be a productive member of society. The treatment plan included continued ice/heat applications and gentle stretching exercises, as well as medication refills. It was noted that her chronic pain medication maintenance regimen reduced her pain, increased her activity tolerance, and restored her overall functioning. The request for authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion SR 150mg #30 Refill: 2:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, bupropion is a second generation nontricyclic antidepressant which has been shown to be effective in relieving neuropathic pain of different etiologies in small studies. The clinical information submitted for review indicates that the injured worker has neuropathic pain and has had benefit with the use of bupropion. The documentation indicated that she reported decreased pain and increased function, as well as the absence of adverse side effects. However, her pain relief with the use of this medication was not quantified with pain scales before and after use of this medication in order to verify that she receives adequate pain relief. In the absence of evidence of adequate pain relief with pain scales, continued use of this medication is not supported. In addition, the request as submitted failed to indicate a frequency and the request for 2 refills would not allow for adequate reassessment for efficacy prior to continuing the medication. As such, the request is not medically necessary.

**Bupropion HCL 5mg #30 Refill: 2: Upheld**

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

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

**Decision rationale:** According to the California MTUS Guidelines, bupropion is a second generation nontricyclic antidepressant which has been shown to be effective in relieving neuropathic pain of different etiologies in small studies. The clinical information submitted for review indicates that the injured worker has neuropathic pain and has had benefit with the use of bupropion. The documentation indicated that she reported decreased pain and increased function, as well as the absence of adverse side effects. However, her pain relief with the use of this medication was not quantified with pain scales before and after use of this medication in order to verify that she receives adequate pain relief. In the absence of evidence of adequate pain relief with pain scales, continued use of this medication is not supported. In addition, the request as submitted failed to indicate a frequency and the request for 2 refills would not allow for adequate reassessment for efficacy prior to continuing the medication. As such, the request is not medically necessary.

**MS Contin 30mg #90 Refills: 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing use of opioid medications requires detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker reported decreased pain and increased function, as well as the absence of adverse side effects with the use of her current medications. The documentation also indicated that she did not have aberrant behavior. However, there was lack of documentation of a detailed pain assessment with numeric pain values with and without use of the medications in order to verify adequate pain relief. In addition, there was no documentation showing that she had consistent results on a urine drug screen to verify appropriate medication use. In the absence of this documentation, the continued use of opioid medications is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Norco 10/325mg #150 Refills: 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing use of opioid medications requires detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker reported decreased pain and increased function, as well as the absence of adverse side effects with the use of her current medications. The documentation also indicated that she did not have aberrant behavior. However, there was lack of documentation of a detailed pain assessment with numeric pain values with and without use of the medications in order to verify adequate pain relief. In addition, there was no documentation showing that she had consistent results on a urine drug screen to verify appropriate medication use. In the absence of this documentation, the continued use of opioid medications is not supported by the evidence based guidelines. As such, the request is not medically necessary.