MAXIMUS Federal Services

Case Number:	CM14-0119633		
Date Assigned:	08/06/2014	Date of Injury:	04/12/2012
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 38-year-old gentleman who sustained hip and low back injuries in an April 12, 2012, work-related accident. A report of a December 2013 MRI scan of the left hip showed a paralabral cyst with blunting of the superior labrum. A June 27, 2014, clinical note documents continued complaints of low back pain and radiating pain to the hips. Physical examination showed positive facet loading, positive straight leg raising, tenderness over the sacroiliac joint, restricted left hip range of motion and tenderness over the greater trochanter. The records available for review do not document any additional imaging. Current treatment includes Ibuprofen, Senokot, Wellbutrin, Oxycodone, Nortriptyline, and Topamax. This request is for continued use of Wellbutrin and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300 MG #30: Overturned

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of Wellbutrin would be supported. Wellbutrin and other anti-depressant medications are utilized for first-line treatment of neuropathic pain and in the chronic pain setting. In this case, the reviewed records document chronic pain that is radicular in nature. The continued use of this agent given the claimant's clinical presentation would be consistent with guidelines criteria and supported as medically necessary.

Oxycodone HCL IR 10MG #90: 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 Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of oxycodone. Under the Chronic Pain Guidelines, the chronic use of this opioid medication should be discontinued if the claimant shows no improvement in symptoms or activity level. In this case, the reviewed records document continued pain; no information on activity levels is provided. Given the continuing symptoms and absence of information on change in activities, this request would not be supported as medically necessary.