

Case Number:	CM14-0135091		
Date Assigned:	08/29/2014	Date of Injury:	03/02/2004
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 has a subspecialty in Interventional Spine 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 a 45-year-old female with date of injury of 03/02/2004. The listed diagnoses per [REDACTED] dated 07/17/2014 are: 1. Chronic pain syndrome. 2. Lumbar radiculopathy. 3. Prescription narcotic dependence. 4. Myofascial syndrome. 5. Status post left tibial/fibular fracture and ORIF. 6. Obesity. 7. Chronic pain related depression. 8. Chronic pain related anxiety. 9. Chronic pain related insomnia. According to this report, the patient complains of severe pain in her tailbone. She also states that she was diagnosed with left plantar fasciitis two days ago by her private physician. The patient states that until these 2 problems occurred in the last few days, she has been doing very well on the prednisone taking it every other day, and she also states that feverfew that was started on her last visit was significantly decreasing the frequency of her migraine headaches from 1 every day to 1 a week. She rates her pain without medications 5/10. The objective findings showed the patient's blood pressure is 116/80 mmHg. Pulse is 80. Respiratory is 12. UDS was positive for buprenorphine, hydroxybupropion from 06/19/2014. No findings were documented on this report. The utilization review denied the request on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Wellbutrin -- Modified To 1 Prescription of Wellbutrin 100MG, up to #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with pain in her tailbone. The treater is requesting prescription of Wellbutrin 100 mg quantity #120. The MTUS Guidelines page 13 to 15 on antidepressants states that it is recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. In addition, Bupropion (Wellbutrin), has been shown to be effective in relieving neuropathic pain and different etiologies in small trials. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. The records show that the patient has been taking Wellbutrin since 2009. It appears that the treater has prescribed this medication for the patient's chronic depression. In this case, MTUS supports the use of anti-depressants for neuropathic and non-neuropathic pain, which this patient presents with therefore Unknown Prescription of Wellbutrin -- Modified to 1 Prescription of Wellbutrin 100MG, up to #120 is medically necessary.

1 Prescription of Prednisone 10mg #30 With 1 Refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013).

Decision rationale: This patient presents with pain in her tailbone. The treater is requesting prednisone 10 mg quantity #30. The MTUS and ACOEM Guidelines do not address this request. However, ODG on corticosteroids states that it is recommended in limited circumstances for acute radicular pain. However, research provides limited evidence of effect with this medication. It is not recommended for acute non-radicular pain or chronic pain. The criteria for the use of corticosteroids include: symptoms of radiculopathy; risks should be discussed, etc. The patient was prescribed prednisone on 06/19/2014. The 07/17/2014 report notes that prednisone is to be continued for inflammation and pain and the treater reports, "She has been doing very well on the prednisone." While the treater reports benefit from prednisone,

corticosteroids are only indicated for patients with acute radicular pain therefore 1 Prescription of Prednisone 10mg #30 With 1 Refill is not medically necessary.

1 Prescription of Subutex 8mg #30 -- Modified to 1 Prescription of Subutex 8mg #22:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26,27.

Decision rationale: This patient presents with pain in her tailbone. The treater is requesting Subutex 8 mg quantity #22. Regarding buprenorphine, MTUS page 26, 27 recommends it for opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The records show that the patient was prescribed Buprenorphine on 02/28/2014, along with a diagnosis of narcotic dependence. The treater notes on 06/19/2014, "The patient is to taper this down with the intent of discontinuing it in the next 30 to 45 days." The patient's current list of medications include Prednisone, Subutex, Percura, Trepidone, and Wellbutrin. In this case, the patient has a history of narcotic dependence and MTUS supports the use of Subutex for patients with opiate addiction therefore 1 Prescription of Subutex 8mg #30 -- Modified to 1 Prescription of Subutex 8mg #22 is medically necessary.

1 Prescription of Feverfew #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: What is feverfew? The use of feverfew in cultural and traditional settings may differ from concepts accepted by current Western medicine. When considering the use of herbal supplements, consultation with a primary health care professional is advisable. Additionally, consultation with a practitioner trained in the uses of herbal/health supplements may be beneficial, and coordination of treatment among all health care providers involved may be advantageous. Feverfew is also known as Tanacetum parthenium, featherfew, bachelor's button, flirtwort, altamisa, featherfoil, febrifuge plant, midsummer daisy, nosebleed, Santa Maria, wild chamomile, and wild quinine. Feverfew has been used to prevent migraine headaches. Feverfew has also been used in the prevention and treatment of asthma, rheumatoid arthritis, painful menstrual periods, inflammatory skin conditions such as psoriasis, toothache, and insect bites. Feverfew has not been evaluated by the FDA for safety, effectiveness, or purity. All potential risks and/or advantages of feverfew may not be known. Additionally, there are no regulated manufacturing standards in place for these compounds. There have been instances where herbal/health supplements have been sold which were contaminated with toxic metals or other drugs. Herbal/health supplements should be purchased from a reliable source to minimize the risk of contamination.

Decision rationale: This patient presents with pain in her tailbone. The treater is requesting feverfew quantity #30, a herbal supplement. The MTUS, ACOEM, and ODG Guidelines do not address this request. However, www.drugs.com discusses Feverfew, an herbal supplement used for migraine headaches including prevention and treatment of asthma, rheumatoid arthritis, painful menstrual periods, and inflammatory skin condition such as psoriasis, toothaches, and insect bites. Feverfew has not been evaluated by the FDA for safety, effectiveness, or purity. Given the lack of FDA approval for safety or effectiveness, this medication would be experimental and lack the guidelines support or discussion therefore 1 Prescription of Feverfew is not medically necessary.