

Case Number:	CM14-0135758		
Date Assigned:	08/29/2014	Date of Injury:	10/05/1999
Decision Date:	10/03/2014	UR Denial Date:	08/15/2014
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 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:

Patient is a 45 year-old male with date of injury 10/05/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/13/2014, lists subjective complaints as pain in the low back with radicular symptoms to the lower extremities. Objective findings: Examination of the lower back revealed tenderness to palpation of the paravertebral muscles bilaterally. Multiple trigger points were palpated in the splenius capitus region, upper and lower trapezius region and sternocleidomastoid area as well as the greater trochanter. SI joint compression test was positive bilaterally. Diagnosis: 1. Lumbar radiculitis 2. Sciatica 3. Lumbar disc degeneration 4. Mood adjustment disorder secondary to chronic pain. The medical records supplied for review document that the patient has been taking the following medications at least as far back as three months. Medications: 1. Oxycodone HCLmg, #90 SIG: take one every 6 hours as needed 2. Butrans patches 20mcg, #4 SIG: apply to skin, change every 7 days 3. Buspropion XL, 300mg, #30 SIG: 2 tabs po qd 4. Buspropion XL 150mg, #30 SIG: 2 tabs po qd.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X- ray of Lumbar spine flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 303. Decision based on Non-MTUS Citation Flexion/extension imaging studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS states that flexion-extension views of the lumbar spine are not recommended as a primary criteria for range of motion. For spinal instability, they may be a criteria prior effusion when there is consideration for surgery. The medical records do not indicate that this patient is being considered for a spinal fusion. X-ray Lumbar flexion-extension views are not medically necessary.

1 prescription of Oxycodone HCLmg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); When to Dis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20 - 9792.26, Page(s): Pages 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, the request for Oxycodone is not medically necessary.

1 1 prescription of Butrans patches 20mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): Pages 74-94.

Decision rationale: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Butrans is also a second line treatment used with patient's who are undergoing a detoxification program from high dose of opioids, not as adjunct to other opioids taken. The medical record fails to document any attempt at weaning the patient from narcotics or his attendance in a treatment program. Butrans Is not medically necessary.

1 prescription of Buspropion XL 300mg with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009); Bupropion (Wellbutrin)

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

Decision rationale: The Official Disability Guidelines state that while bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The patient's condition does fit the criteria referenced in the ODG. The request for Buspropion XL 300mg with 1 refill is medically necessary.

1 prescription of Buspropion XL 150mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009); Bupropion (Wellbutrin)

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

Decision rationale: The Official Disability Guidelines state that while bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The patient's condition does fit the criteria referenced in the ODG. The request for Buspropion XL 150mg, #30 is medically necessary.