

Case Number:	CM14-0151619		
Date Assigned:	10/23/2014	Date of Injury:	03/26/2009
Decision Date:	11/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 injured worker is a 55-year-old male who reported injury on 03/26/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of disc disorder lumbar, lumbar facet syndrome, cervical disc degeneration, brachial neuritis or radiculitis, not otherwise specified, depression not otherwise specified, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Past medical treatment consists of physical therapy, ESIs, and medication therapy. Medications include Wellbutrin, fentanyl, Colace, and Percocet. No diagnostics were submitted for review. On 07/29/2014, the injured worker reported that with the reduction of pain, he had some improvement in function, and was able to do more in and outside of the home, such as basic household ADLs. There was no physical examination findings provided for review. No motor strengths, range of motion, or sensory deficits. Medical treatment plan is for the injured worker to continue use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg qty:60 with 3 refills: 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): 13,16.

Decision rationale: The request for Wellbutrin XL 150mg QTY: 60 with 3 refills are not medically necessary. The California MTUS state that non-tricyclic antidepressants have been shown to be effective in relieving neuropathic pain of different etiologies. While it has shown to have some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic pain. Additionally, a recent review suggested that it 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 submitted documentation indicated that the injured worker had a diagnosis of depression. However, the efficacy of the medication was not submitted for review, nor did it indicate that it was helping with the injured worker's depression. The submitted documentation lacked any indication of the injured worker having any neuropathic pain. Additionally, the request for 3 refills does not allow for the reevaluation of treatment and the request fails to specify a frequency. Given the above, the request is not supported. As such, the request is not medically necessary.

Colace 100mg qty:60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment (Docusate).

Decision rationale: The request for Colace 100mg QTY: 60 with 3 refills are not medically necessary. The California MTUS Guidelines recommend the prophylactic treatment of constipation when initiating opioid therapy. The Official Disability Guidelines recommend opioid induced constipation treatment. Upon prescribing an opioid, especially if it will be needed for more than a few days, there should be an open discussion with the injured worker that this medication may be constipating and the first step should be to identify and correct it. Simple treatment teachings such as including increasing physical therapy, maintaining hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber, can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may be helpful to stimulate gastric motility. Other over the counter medications can help loosen otherwise hard stools and bulk, and increase water content of stool. There was no indication in the submitted documentation that the provider had educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Furthermore, the submitted documentation did not indicate that the injured worker had complains of constipation. Lastly, the request for 3 refills does not allow for the reevaluation of treatment and the request fails to specify a frequency. Given the above, the request is not supported. As such, the request is not medically necessary.

Fentanyl 75mcg/hr patch, qty:10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl) ,ongoing management,opioid dosing Page(s): 44,78,86.

Decision rationale: The request for Fentanyl 75mcg/hr patch, QTY: 10.00 are not medically necessary. The California MTUS Guidelines indicate that Duragesic (fentanyl) is not recommended as a first line therapy. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The submitted documentation lacked any evidence of side effects that the injured worker might have had with the medication. There was also lack of evidence that the fentanyl was helping with any functional deficits the injured worker had, or the efficacy of the medication. There were no drug screens or urinalysis submitted for the review indicating that the injured worker was compliant with medications. There was also no objective improvement function findings submitted for review. Furthermore, the request as submitted did not indicate a frequency of the medication. Given the above, the request is not supported. As such, the request is not medically necessary.

Percocet 10/325mg qty:150.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Ongoing Management Page(s): 75, 86, 78.

Decision rationale: The request for Percocet 10/325mg QTY: 150.00 are not medically necessary. The California MTUS Guidelines recommend Percocet for moderate to severe chronic pain and that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. It further recommends that dosing of opioids not exceed 120 mg orals morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The guidelines also recommend an assessment showing what pain levels were before, during, and after medication administration. The submitted documentation failed to indicate the efficacy of the medication. There was no indication that the medication was helping with any functional deficits the injured worker might have had. There were no drug screens or urinalysis submitted for review showing that the injured worker was compliant with prescription medications. There was no assessment showing what pain levels were before, during, and after medication administration. In addition, the request fails to specify the frequency of the medication. Given the above, the request is not supported. As such, the request is not medically necessary.