

<b>Case Number:</b>	CM14-0175506		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 and is licensed to practice in Arizona and 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 41-year-old male who reported an injury on 08/05/2011 due to lifting something at work that was heavy that caused his back to "go out." Diagnoses were lumbar degenerative disc disease, sciatica, lumbar spine strain, anxious, depression, and obesity. Physical examination on 09/29/2014 revealed complaints of low back pain. The pain was described as aching, spasmodic and cramping. The injured worker has a spinal cord stimulator in place and has been increasing activities/walking recently. The injured worker reported he had pain that radiated down each leg, the pain went into the middle toe of his right foot and which has gone numb and he is not able to move it. It was reported that the injured worker has reported he used to be fit and active before his injury and he also reported he has gained 90 pounds since his injury. Examination revealed medication and treatment agreement reviewed and signed. The injured worker was counseled on an anti-inflammatory diet. Medications were Norco 10/325 1 tablet every 4 hours as needed for pain, Oxycontin 10 mg and Wellbutrin SR 150 mg. Treatment plan was for a CAT scan of the lumbar spine and to undergo a routine urine drug screen. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of OxyContin 10mg for 2 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The decision for 90 tablets of Oxycontin 10 mg for 2 months is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines states the 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The 4 A's for ongoing monitoring of an opioid medication were not reported. There was no pain relief, side effects, physical and psychosocial functioning documented. Also, the request does not indicate a frequency for the medication. There is a lack of documentation of an objective assessment of the injured worker's pain level. Therefore, request for OxyContin is not medically necessary.

**90 Tablets of Wellbutrin SR 150mg with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, for chronic pain.

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

**Decision rationale:** The decision for 90 tablets of Wellbutrin SR 150 mg with 5 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The medical guidelines state for antidepressants, side effects including excessive sedation should be assessed especially if the injured worker is working. Sleep patterns for the injured worker were not assessed. The medical guidelines also state assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation should be assessed. Also the request does not indicate a frequency for the medication. Therefore, request for Wellbutrin SR is not medically necessary.