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| Case Number: | CM14-0030748 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 03/26/2003 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 59 year-old female who reported an injury on 03/23/2003 and the mechanism of injury was from a motor vehicle accident. The injured worker continues to have chronic pain neck, low back and neck pain. The clinical note from 12/17/2013 indicated the injured worker rated her pain level a 6/10. The least amount of pain she has experienced was a 4/10 on average it was between 5/10. She indicated that with medications it goes down to 6/10. She indicated she has been able to stay active without medications. Her current medications included Duragesic patch 100 mcg every 2 days, Dilaudid 8mg by mouth 2 time daily, Celebrex 200 mg one by mouth daily, Lamictal 200 mg by mouth daily, Wellbutrin XL 150 mg by mouth daily, Topamax 25 mg by mouth 4 times a day, and Metamucil and fiber. The current request dated 12/17/2013 is for 1 prescription of Duragesic patch 100mcg, Wellbutrin XL 150mg #60, 1 prescription of Topamax 25mg #240, and 1 prescription of Lamictal 200mg #60. The physical failed to provide the rationale for the medications on the request are required.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF DURAGESIC PATCH 100MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (Fentanyl Transdermal System) Page(s): 44,47.

Decision rationale: The California MTUS guidelines for chronic pain indicate that the Duragesic 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. The clinical information provided indicated that the injured worker had been able to stay active without her medications. The physician also failed to provide the rationale as to why the injured worker would require the Duragesic patch 100mcg over other opioid medication. The information also fails to indicate the frequency and the quantity for the Duragesic patch. Therefore, the request for the 1 prescription of Duragesic patch 100mcg is not medically necessary.

WELLBUTRIN XL 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin®) Page(s): 27.

Decision rationale: The California MTUS guidelines for chronic pain indicate that Bupropion (Wellbutrin®) is recommended as an option after other agents. 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 clinical note from 12/17/2013 fails to indicate that the injured worker has had neuropathic pain and why the bupropion is requested. The clinical information provided indicated that the injured worker had been able to stay active without her medications. The current request also fails to indicate the frequency that the medication is to be taken. The clinical information provided fails to indicate the results the injured worker has had with pain relief or if there is functional improvement while taking this medication. Therefore, due to the lack or required documentaion, the request for wellbutrin xl 150mg #60 is not medically necessary.

1 PRESCRIPTION OF TOPAMAX 25MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

Decision rationale: The California MTUS Guidelines for Chronic Pain indicate that topiramate (topamax®, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The clinical information provided fails to

indicate the results the injured worker has had with pain relief or if there is functional improvement while taking this medication. The clinical information provided indicated that the injured worker had been able to stay active without her medications. The current request also fails to provide the frequency the medication is to be taken. Therefore, the request for 1 prescription of topamax 25mg #240 is not medically necessary.