MAXIMUS Federal Services

Case Number:	CM14-0043085		
Date Assigned:	06/30/2014	Date of Injury:	07/10/2002
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 Management, 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:

This is a patient with a date of injury of July 10, 2002. A utilization review determination dated March 25, 2014 recommends non-certification of UDS (urine drug screen), electronic scooter car carrier, and Wellbutrin XL. Alprazolam was modified from #30 to #15. Previous UDS was performed in January of 2014. An April 24, 2014 medical report identifies that the patient ambulates without assistance. She has increased low back pain 4/10 with medication and 8/10 without. The medications are keeping the patient functional, allowing for increased mobility and tolerance of ADLs (activities of daily living) and home exercises. On exam, there is lumbar tenderness. There is moderate pressure and light touch allodynia in the right distal ankle with cutaneous temperature slightly reduced compared to the left. Gait is antalgic with unspecified weakness in the lower extremities. Alprazolam is noted to be used for anxiety. A March 14, 2014 medical report identifies that the patient currently ambulates without assistance. The provider notes that the patient has been authorized for an electronic scooter and will require a car carrier for transport of the scooter. He also noted that the most recent UDS was consistent with all prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: Regarding the request for alprazolam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, and most guidelines limit use to 4 weeks. Within the documentation available for review, there are no current complaints of anxiety or panic attacks and a rationale identifying the long-term use of a benzodiazepine despite the recommendations of the Chronic Pain Medical Treatment Guidelines. In the absence of such documentation, the request for Alprazolam 0.5mg, thirty count, is not medically necessary or appropriate.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine drug screen, the Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, two to three times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the previous testing was done approximately two months before the current request for UDS and it had been consistent with the patient's prescribed medications. Therefore, at the time of the request, there was no indication of risk stratification indicating a higher than low-risk of diversion to support UDS at the proposed frequency. In light of the above issues, the request for one urine toxicology test is not medically necessary or appropriate.

One electronic scooter car carrier: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99 of 127.

Decision rationale: Regarding the request for electronic scooter car carrier, the Chronic Pain Medical Treatment Guidelines notes that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Within the documentation available for review, the provider notes that the patient has been authorized for an electronic scooter and will require a car carrier for transport of the scooter. However, the documentation also identifies that patient is able to ambulate without assistance and medications said to allow for increased mobility and tolerance of ADLs (activities of daily living) and home exercises. As such, there is no clear rationale for the use of a scooter, and consequently the need for a carrier for the scooter. In light of the above issues, the request for one electronic scooter car carrier is not medically necessary or appropriate.

Wellbutrin XL 150mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 27 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Bupropion (WellbutrinÂ®).

Decision rationale: Regarding the request for Wellbutrin XL, the Chronic Pain Medical Treatment Guidelines state that it 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 (serotonin-norepinephrine reuptake inhibitor). ODG notes that it is recommended as a first-line treatment option for major depressive disorder. Within the documentation available for review, there is no indication of failure of first and second-line treatment to support the use of Wellbutrin XL for neuropathic pain. With respect to depression, the patient is noted to have a diagnosis of depression, but there is no current documentation of any recent mental status examination findings suggestive of ongoing depression to support ongoing use of the medication in the management of that condition. In the absence of clarity regarding those issues, the request for Wellbutrin XL 150mg, thirty count, is not medically necessary or appropriate.