

Case Number:	CM14-0048876		
Date Assigned:	06/25/2014	Date of Injury:	01/30/2006
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 Neurological Surgery, 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 56 year-old female who was reportedly injured on 1/30/2006. The mechanism of injury is noted as a lumbar spine injury that occurred when she hit the brakes on a truck and an unsecured crate slammed into the back of the cab. The claimant underwent an anterior lumbar interbody fusion (ALIF) at L5/S1 in October 2009, which was complicated by a colon perforation and required an Ileostomy; followed by hernia repair in January 2013. The most recent progress note dated 3/13/2014, indicates that there are ongoing complaints of low back pain and right lower quadrant abdominal pain. Physical examination demonstrated non-antalgic gait without assistive device; able to sit for 15 minutes without any limitations or evidence of pain; lumbar range of motion is full in flexion, extension 10, lateral rotation/bending 30 with an increase in pain and lateral planes; 5/5 motor strength, intact sensation, and 2+ deep tendon reflexes in the lower extremities bilaterally; straight leg raise negative bilaterally; Patrick/Gaenslen test positive for sacroiliac arthropathy. No diagnostic imaging studies. Diagnosis: Lumbar Disc with/radiculitis, Lumbar Post-Laminectomy Syndrome and low back pain. Medications: Wellbutrin, Hydrocodone, Savella, Lidoderm patch, Flonase, and Levothyroid. A request had been made for urine drug screening; Hydrocodone 5/325 mg #120; Wellbutrin 150 mg #120 and was not certified in the utilization review on 3/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation UNIVERSITY OF MICHIGAN HEALTH SYSTEM GUIDELINES FOR CLINICAL CARE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines recommend urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. A urine drug screen dated 1/17/2014 was negative for hydrocodone which had been previously prescribed. As such, the request is considered not medically necessary.

Hydrocodone 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Reference: 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 75-78 of 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There is no clinical documentation of improvement in their pain or function with the current regimen. Furthermore, a urine drug screen dated 1/17/2014 was negative for hydrocodone which had been previously prescribed. As such, the request is considered not medically necessary.

Wellbutrin 150mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Reference: 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 16, 27 of 127.

Decision rationale: Wellbutrin is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. California Medical Treatment Utilization Schedule (CA MTUS) supports its use for the treatment of neuropathic pain; however, there is no evidence of efficiency in patients with non-neuropathic chronic low back pain. As such, this request is not considered medically necessary.