

<b>Case Number:</b>	CM14-0050997		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Emergency Medicine, 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 34 year-old female, who sustained an injury on January 2, 2008. The mechanism of injury was not noted. Diagnostics have included: Cervical spine MRI dated January 19, 2012 was reported as normal. Treatments have included: medications, physical therapy, chiropractic, psychiatric evaluation. The current diagnoses are: cervical disc disease, cervicgia, impingement syndrome. The stated purpose of the request for Wellbutrin 15 MG was not noted. The request for Wellbutrin 15 MG was denied on March 25, 2014, citing a lack of documentation of the condition being treated with this medication, nor derived functional benefit from its use. The stated purpose of the request for Vicodin 5/300 MG was not noted. The request for Vicodin 5/300 MG was denied on March 25, 2014, citing a lack of documentation of adequate pain control or improved function and drug screening. The stated purpose of the request for Massage Therapy Neck and Shoulders was to address a flare up of pain and to reduce reliance of narcotics. The request for Massage Therapy Neck and Shoulders was denied on March 25, 2014, citing a lack of documentation of the nature of the injured worker's pain, participation in a home exercise program. Per the report dated February 28, 2014, the treating physician noted complaints of pain to the cervical spine and shoulder, headaches, and tingling with pain to both hands. Exam findings included cervical tenderness and restricted range of motion, positive Tinel and Phalen signs, positive Spurling's sign.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 15 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), Page 27, consider this atypical anti-depressant as an option, after trials of tricyclic and SNRI antidepressants, and have shown some efficacy in the treatment of neuropathic pain but no efficacy for non-neuropathic chronic pain. The injured worker has complaints of pain to the cervical spine and shoulder, headaches, and tingling with pain to both hands. The treating physician has documented cervical tenderness and restricted range of motion, positive Tinel and Phalen signs, positive Spurling's sign. The treating physician has not documented the following: duration of treatment, failed trials of tricyclic or SNRI antidepressants, objective evidence of derived functional improvement. The criteria noted above not having been met, Wellbutrin 15 MG is not medically necessary.

**Vicodin 5/300 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80;80-82.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has complaints of pain to the cervical spine and shoulder, headaches, and tingling with pain to both hands. The treating physician has documented cervical tenderness and restricted range of motion, positive Tinel and Phalen signs, positive Spurling's sign. The treating physician has not documented duration of treatment, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Vicodin 5/300 MG is not medically necessary.

**Massage Therapy Neck and Shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The injured worker has complaints of pain to the cervical spine and shoulder, headaches, and tingling with pain to both hands. The treating physician has documented cervical tenderness and restricted range of motion, positive Tinel and Phalen signs, positive Spurling's sign. The treating physician has not documented the injured worker's participation in a dynamic home exercise program. The criteria noted above not having been met, Massage Therapy Neck and Shoulders, is not medically necessary.