

Case Number:	CM14-0057759		
Date Assigned:	07/09/2014	Date of Injury:	12/01/1999
Decision Date:	09/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family 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:

This is a 55 year old male patient who reported an industrial injury on 12/1/1999, almost 15 years ago, to the neck and back in the performance of his customary job tasks. The patient complained of cervical and lumbar pain that had not changed since his last visit. Patient complained of neck pain with extension cause pain to the acceptable region as well as tingling in his fingertips. Walking cause lower back pain along with right thigh and calf pain that resolves with rest. The patient was noted to smoke a pack per day. The patient is noted to be status post lumbar fusion and cervical fusion. The objective findings on examination included no acute distress; normal affect; cervical and lumbar tenderness without any skin discoloration or contour deformities; seizures in his right anterior thigh and posterior. The diagnoses included postlaminectomy syndrome cervical spine; nonunion fracture and lumbar spine fusion. The treatment plan included x-rays and the prescription of Butrans Patches 5 mcg/hr applied every seven days #4 and Wellbutrin 100 mg tid #90. The patient was also taking Acyclovir 800 mg and Percocet 5-325 mg bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 5mcg/hr Apply 1 patch to skin for 7 days #4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 300-306; 47-48,Chronic Pain Treatment Guidelines opioids Page(s): 74-97,Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 6 pages 114-16;Official Disability Guidelines (ODG) pain chapter-opioids.

Decision rationale: The prescription for Butrans patches 5 mcg/hr for seven days #4 with refill x1 for long acting pain relief and Percocet for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic pain for a chronic neck and back pain s/p fusion. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the low back or neck. There is no documented functional improvement from this opioid analgesic and the BuTrans should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend long acting opioids for mechanical low back/neck pain.California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not document evidence of functional improvement due to the use of Butrans. The opportunity for weaning was provided. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical neck and back pain. The prescription for Butrans is being prescribed as opioid analgesics for the treatment of chronic neck and back pain against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic neck/back pain 15 years after the initial DOI. There is no demonstrated medical necessity for the continuation of BuTrans for chronic neck/back pain s/p fusion. The chronic use of BuTrans is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the long term treatment of chronic pain and are only recommended as a treatment of last resort for intractable pain.The prescription of opiates on a continued long term basis is inconsistent with the CA MTUS and the Official Disability Guideline recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence based guidelines based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain states "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect". ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if

needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes that "pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." Therefore, the request is not medically necessary.

Wellbutrin 100mg tab 1 po TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; antidepressants.

Decision rationale: The patient was prescribed Wellbutrin (Bupropion) 100 mg #90, an antidepressant, as an adjunct for the treatment of chronic pain and the depression associated with chronic pain. The use of this medication is consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines for the treatment of chronic pain. The use of Wellbutrin is consistent with the treatment of chronic pain and can be combined with other antidepressants for additional efficacy. The patient however is not diagnosed with depression and there were no objective findings consistent with depression documented. Wellbutrin is a non-tricyclic antidepressant that is generally a third line medication for diabetic neuropathy and considered when patients are not having a good response to a tricyclic or SNRI. There was no documented symptoms of depression. There were no documented objective findings consistent with functional improvement based on the use of Wellbutrin. There is no objective evidence of efficacy in patients with nonneuropathic chronic low back pain. There is no demonstrated medical necessity for the prescribed Wellbutrin 100 mg TID #90. Therefore, the request is not medically necessary.