

Case Number:	CM14-0076746		
Date Assigned:	07/18/2014	Date of Injury:	05/05/2009
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation, 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 60-year-old female who reported an injury on 05/05/2009. The mechanism of injury was not provided for review. The injured worker's treatment history included multiple medications and an Epidural Steroid Injection. Physical findings included tenderness to palpation of the right lateral shoulder, right thumb, right long finger, and decreased sensation in the right hand. The injured worker's diagnoses included a cervical spine disc rupture, thoracic spine disc bulging, failed right shoulder surgery, and left shoulder strain. A request was made to refill medications. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

Decision rationale: The requested Buspar 10mg #90 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends brief courses of Anxiolytics to assist with stress related conditions. The clinical documentation submitted for

review does not provide any evidence of anxiety or stress resulting from the injured worker's chronic pain. Therefore, the need for this medication is not established. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Buspar 10mg #90 is not medically necessary or appropriate.

Prosom 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Prosom 2mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend short durations of use of Benzodiazepines to assist with anxiety related to chronic pain. The clinical documentation submitted for review does not provide any evidence of anxiety related symptoms. Therefore, the need for this medication is not clearly indicated. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prosom 2mg #30 is not medically necessary or appropriate.

Wellbutrin 100mg #60 - 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain and Anti-Depressants Page(s): 13, 60.

Decision rationale: The requested Wellbutrin 100mg #60 - 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of this medication as a first line medication in the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends continued use of medications in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of neuropathic pain that is alleviated by this medication. There is no documentation of functional benefit resulting from medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Wellbutrin 100mg #60 - 2 refills is not medically necessary or appropriate.

Butrans Patch #14 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The requested Butrans Patch #14 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of a Butrans patch for patients who have chronic pain and are at risk or have opioid dependence. The clinical documentation submitted for review, however, does not provide an adequate assessment of the injured worker's pain or pain relief resulting from medication usage to support continued use. As such, the requested Butrans Patch #14 2 refills is not medically necessary or appropriate.