

Case Number:	CM14-0085250		
Date Assigned:	07/23/2014	Date of Injury:	01/17/2008
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/06/2014

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 35-year-old female with a reported injury on 01/17/2008. The mechanism of injury was not provided. The diagnoses included herniated disc of the cervical spine, cervicalgia, and impingement syndrome. The prior treatments included the use of opioids, non-steroidal inflammatory drugs, Prilosec, and muscle relaxants. She also has had massage therapy, chiropractic therapy, and physical therapy prior. The efficacy of prior treatments was not provided. The injured worker had an examination on 04/04/2014 with complaints of upper shoulder and cervical spine pain with radiculopathy to the back, and she also complained of headaches. Upon examination, it did show that she had tenderness in her paraspinals, and that she had decreased range of motion due to her pain. She did have a positive Phalen's exam and a positive Spurling's exam. There was a lack of examination of her functional deficits or her range of motion. The medication list was not provided nor was the efficacy of those medications provided. The recommended plan of treatment was to continue her medications and her compounded creams and to have massage therapy for muscle spasms. The Request for Authorization was signed and dated for 04/29/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 15 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14,27. Decision based on Non-MTUS Citation Antidepressants for chronic pain Perrot , 2006; Schnitzer, 2004; Lin-JAMA, 2003.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16.

Decision rationale: The request for Wellbutrin 15 mg #20 is not medically necessary. The California MTUS Guidelines recommend antidepressants for chronic pain as a first line option for neuropathic pain. Assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and a psychosocial assessment. There was a lack of documentation to provide pain efficacy as far as a VAS scale. There also was a lack of evidence and evaluation of functional deficits and/or improvements. There was no documentation of changes in analgesic medication, and there was a lack of documentation of sleep quality and duration. There was not a psychological assessment provided. The California guidelines state that Wellbutrin is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to tricyclic or SNRI. Furthermore, the California MTUS Guidelines recommend 100 mg daily increased by a 100 mg per week up to 200 mg twice a day. The request is for 15 mg, although the frequency and the duration were not provided. Furthermore, there is a lack of evidence to support the number of 20 pills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the Wellbutrin is not medically necessary.

Massage Therapy 2x 6 (neck /shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

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

Decision rationale: The request for massage therapy 2 times a week for 6 weeks for the neck and shoulders is not medically necessary. California MTUS Guidelines recommend massage therapy as a treatment in adjunct to other treatments such as exercise and should be limited to 4 to 6 visits. Many studies lack long term follow up. The lack of long term benefits could be due to the short treatment, or treatments such as these do not address underlying causes of pain. There is a lack of evidence of musculoskeletal symptoms, and the injured worker reported that she did have previous treatment of massage therapy, although the number of visits was not provided. Therefore, due to the fact that there have been previous visits, the request for 6 visits would be over the amount of recommend visits by the guidelines. There is a lack of clinical information and evidence to support the medical necessity of massage therapy. Therefore, the request for the massage therapy 2 times a week for 6 weeks is not medically necessary.

