

Case Number:	CM14-0085760		
Date Assigned:	07/23/2014	Date of Injury:	02/18/1987
Decision Date:	08/28/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational 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 71-year-old female with a 2/18/87 date of injury. The patient suffered an injury at work while pushing a car; she turned around and had a sudden onset of severe low back pain. According to a 4/7/14 progress report, the patient stated that her reflex sympathetic dystrophy (RSD) pain improved approximately 2 weeks ago and that she did not have significant low back pain. The pain continued to be aching in the groin area and posterolateral thighs. There was continued burning pain below the knees and involving the feet. She rated her pain level as a 7-10/10 on a bad day and a 4-6/10 on a good day. Objective findings: minimal end range of motion stiffness/tenderness of cervical spine, lumbar/sacral exam revealed tenderness on palpation, tenderness of the bilateral femoral nerves at Hunter's canal, tenderness of the tibial and peroneal nerves bilaterally, tenderness in the mid-buttock/piriformis/sciatic nerve complex region. An appeal note written by the patient on 6/3/14 was reviewed. The patient states that Strategy for Maintenance states, "Do not attempt to lower dose if it is working". The modification recommendation is in direct conflict with this statement. "Logic is being ignored in trying to modify my use of Percocet, a medication that has worked for me since 1992?" It is noted that the patient is able to perform her activities of daily living and has a pain contract in place. Diagnostic impression includes chronic intractable pain syndrome, reflex sympathetic dystrophy of bilateral lower limbs, chronic low back pain, lumbar radiculopathy, postlaminectomy syndrome of lumbar region. The treatment to date is medication management, activity modification, surgery, and home exercise program. A UR decision dated 5/14/14 modified the requests for Wellbutrin SR 100 mg to 30 tablets and Percocet from 190 tablets to 120 tablets for weaning purposes. Wellbutrin was modified to 30 tablets because the amount requested was not listed in the request. Guidelines recommend antidepressants as first-line treatment for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin SR 100 mg 1 qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (for chronic pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Feuerstein, 1997; Perrot, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Re-Uptake Inhibitors (SSRI) Page(s): 16.

Decision rationale: CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. According to a progress note dated 1/14/14, the patient's depression has been managed well with Wellbutrin. However, it is unclear why the provider is making this request. A UR decision dated 5/14/14 had modified this request to 30 tablets because there was no quantity noted in the request. Therefore, the request for Wellbutrin SR 100 mg 1 every day was not medically necessary.

Percocet 5/325 mg #190 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Opioid Use; Ballantyne-NEJM, 2003.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Opioid Treatment Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, an appeal note written by the patient dated 6/3/14 was reviewed, in which she stated that she has functional improvement and gains in activities of daily living from the Percocet. The patient states she has been on Percocet for 22 years and does not believe the dosage and quantity per month should be changed. However, there is no documentation provided by the physician prescribing the Percocet in regards to the appeal or lack of aberrant behavior or misuse. The last urine drug screen provided for review was from 2012. There is no evidence of CURES monitoring. This patient has been on the same dosage of Percocet for 22 years per her appeal note, and it does not appear that there is an end-point in sight in regards to her ongoing opioid management. The request for 190 tablets per month indicates that the patient is taking over six tablets of Percocet daily for chronic pain dating back to 1987. There is no description of an acute exacerbation of the patient's pain that would require over six tablets of Percocet daily. Therefore, the request for Percocet 5/325 mg #190 with no refills was not medically necessary.

