

<b>Case Number:</b>	CM14-0087487		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/05/1992
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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:

The patient is a 52-year-old female who has submitted a claim for Failed Back Surgery Syndrome, Persistent Right Groin Pain, and Rule Out Right L1-2 Radiculopathy associated with an industrial injury date of November 5, 1992. Medical records from 1994 through 2014 were reviewed, which showed that the patient complained of pain and pressure in the left calf and foot. She also reported intense pain in the L1-2 distribution on the right leg. She also had back and right shoulder discomfort. Pain level was 6/10 on VAS. On mental status examination, recent and remote memory was intact. Attention span, concentration, and language were sufficient. Physical examination showed that gait was stiff and antalgic, and favored the right leg. Musculoskeletal examination revealed a lumbar scar. Axial and myofascial tenderness was noted. There was pain and discomfort with lumbar range of motion. There was tenderness of the right sacroiliac joint. Straight leg raise test was negative. No motor deficits of the lower extremities were noted. Sensory changes were noted on the right lower extremity with an L1-2 distribution. Treatment to date has included physical therapy, TENS unit, lumbar surgery, psychotherapy, and medications including Oxycodone 15 mg 1-2 tablets every 4-6 hours prn (since at least May 2013), Oxycontin 40 mg one tablet BID (since at least August 2001), Wellbutrin 150 mg tablet daily (since at least May 2013), and Nexium 40 mg daily (since at least May 2013). Utilization review from June 3, 2014 denied the request for Retrospective request with date of service of 4/3/2014 for Oxycodone 15mg #120 with no refills, and Retrospective request with date of service of 4/3/2014 for Oxycontin 40mg #60 with no refills because there was no documentation of baseline pain levels via visual analog scale; Decision for Retrospective request with date of service of 4/3/2014 for Wellbutrin SR 150mg #30 with no refills because there was no rationale for using two antidepressants; and Decision for Retrospective request with

date of service of 4/3/2014 for Nexium 40mg #30 because there was no history suggesting that the patient has a history of gastritis or reflux.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request with date of service of 4/3/2014 for Oxycodone 15mg #120 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. In this case, Oxycodone was being prescribed since at least May 2013 (16 months to date). However, given the 1992 date of injury, the exact duration of opioid use is not clear. Records showed that Oxycodone provided good pain relief. However, the records failed to provide objective evidence of functional benefit. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. There was also no documentation of a lack of adverse side effects or aberrant behavior. CA MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for Retrospective request with date of service of 4/3/2014 for Oxycodone 15mg #120 with no refills is not medically necessary.

**Retrospective request with date of service of 4/3/2014 for Oxycontin 40mg #60 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. In this case, Oxycontin was being prescribed since at least August 2001 (13 years to date). However, given the 1992 date of injury, the exact duration of opioid use is not clear. Records showed that Oxycontin provided good pain relief. However, the records failed to provide objective evidence of functional benefit. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. There was also no documentation of a lack of adverse side effects or aberrant behavior. CA MTUS

requires clear and concise documentation for ongoing opioid management. Therefore, the request for Retrospective request with date of service of 4/3/2014 for OxyContin 40mg #60 with no refills is not medically necessary.

**Retrospective request with date of service of 4/3/2014 for Wellbutrin SR 150mg #30 with no refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Bupropion (Wellbutrin®).

**Decision rationale:** CA MTUS does not specifically address bupropion. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that bupropion is recommended as a first-line treatment option for major depressive disorder. In this case, Wellbutrin was being prescribed since at least May 2013 (16 months to date). However, given the 1992 date of injury, the exact duration of antidepressant use is not clear. Records showed that the patient has been stable concerning depression with Wellbutrin and escitalopram. However, there was no recent psychiatric evaluation that addresses the need for continued psychiatric medication management. Furthermore, the patient was concurrently taking escitalopram. However, there was no rationale provided as to why multiple antidepressants were being prescribed. Therefore, the request for Retrospective request with date of service of 4/3/2014 for Wellbutrin SR 150mg #30 with no refills is not medically necessary.

**Retrospective request with date of service of 4/3/2014 for Nexium 40mg #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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, Nexium was being prescribed since at least May 2013 (16 months to date). However, there was no objective evidence of functional gains. The records also failed to show the presence of any of the aforementioned risk factors in the patient. There is no clear indication for continued use of Nexium. Therefore, the request for Retrospective request with date of service of 4/3/2014 for Nexium 40mg #30 is not medically necessary.