MAXIMUS Federal Services

Case Number:	CM14-0188332		
Date Assigned:	11/19/2014	Date of Injury:	05/18/2010
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 case involves a 58 year old employee with date of injury 5/18/10. Medical records indicate the patient is undergoing treatment for spinal stenosis lumbar region without neurogenic claudication, status post (s/p) surgical decompression L2- L5, degenerative lumbar/lumbosacral intervertebral disc and mood disorder/depression. Subjective complaints include lower back pain with bilateral leg radiculopathy although patient reports significant improvement since surgical decompression. Objective complaints include tenderness low back and right sciatic notch. The patient's gait is non-neuropathic and non-antalgic. Surgical wound well healed. Full strength noted on exam. The patient very positive about recovery and there is noted mood improved and stability while on Wellbutrin, with no suicidal ideations since prior to surgery. Nucynta reportedly decreased pain from 9/10 to 4/10. Able to do household chores and walk 20-30 minutes with controlled pain. Without medication her function is negatively affected. Most recently documented only taking Nucynta prn for pain flare. Treatment has consisted of epidural injections, physical therapy, home exercise program, and work restriction (TTD). Medications include Abilify, Bupropion SR, Cyclobenzaprine, Gabapentin, Ibuprofen, Nucynta, Omeprazole, Trazadone and Lidoderm patch. Corset type back brace also utilized. The utilization review determination was rendered on 10/30/14 recommending non-certification of Nucynta 50mg #60 and Wellbutrin SR 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS states regarding the use of opioids that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician does document that Nucynta does allow for reduction in pain from 9/10 to 5/10, the ability to perform daily self-care activities is easier, and the ability to sit for longer intervals during classes, the treating physician does not detail the frequency of use of the medication. The last progress note from 10/15/14 noted PRN use of Nucynta and the med list notes 50mg Nuncynta twice a daily. The treating physician does not detail how long the patient gets relief from Nuncynta and how frequently the patient utilizes the medication. As such, the request for Nucynta 50 mg, #60 is not medically necessary.

Wellbutrin SR 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Pain, Bupropion (WellbutrinÂ®), Antidepressants for Chronic Pain

Decision rationale: Regarding treatment of Pain with anti-depressants, MTUS and Official Disability Guidelines (ODG) state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Additionally, "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss". Medical records do not indicate the ongoing treatment for neuropathic pain. ODG states regarding bupropion, "Recommended as a first-line treatment option for major depressive disorder." The psychiatric treatment not indicates the patient has adjustment disorder with mixes anxiety and depressed mood and not major depressive disorder. The patient is on Abilify and Wellbutrin for depression.

While the treating physician does document an improved mood while on these medications, no Becks depression/anxiety score is documented to show functional improvement. As such, the request for Wellbutrin SR 150mg #60 is not medically necessary.