

Case Number:	CM14-0192409		
Date Assigned:	11/26/2014	Date of Injury:	09/23/2004
Decision Date:	01/16/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 59-year-old woman who sustained a work related injury on September 23, 2004. Subsequently, she developed lower back pain. The patient's symptoms reached crescendo levels that were not responsive to opioid therapy due to side-effect profiles. As a result, an intrathecal pump was implanted on October 23, 2008. According to the progress report dated September 30, 2014, the patient complained of slight-to-moderate low back and right lower extremity pain. On examination, the patient was tender in the paravertebral muscles of the lumbar spine and the left sciatic notch. The range of motion was restricted by pain. The patient was diagnosed with displacement of lumbar disc without myelopathy, degeneration of the lumbar disc, muscle spasms, anxiety, insomnia, dyspepsia, and constipation. The provider is requesting authorization to use wellbutrin XL and Promolaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for wellbutrin XL 150mg (no quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

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

Decision rationale: According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in chronic neck and back pain. Based on the above, the prescription of Wellbutrin XL 150MG is not medically necessary.

1 Prescription for promolaxin 100mg (no quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Opioid induced constipation treatment.
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>)

Decision rationale: According to ODG guidelines, Promolaxin is recommended as a second line treatment for opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient tried the first line measurements. Furthermore, there is no documentation of efficacy of previous use of Promolaxin. Therefore the use of Promolaxin 100 mg is not medically necessary.