

Case Number:	CM14-0203191		
Date Assigned:	12/31/2014	Date of Injury:	08/26/2008
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 39 year-old male with an 8/26/2008 date of injury. Medical reports from 5/14/14 through 12/30/14 are provided for this review. According to the 11/4/14 pain management report, the patient presents with low back and left greater than right leg pain. He has been diagnosed with chronic left L5 radiculopathy; and lumbar post laminectomy, status post fusion and hardware removal. The patient is trying to cut down on the medications due to side effects. He takes suboxone; bupropion 150mg qd; gabapentin 600mg tid and tizanidine. The physician requests a functional restoration program. On 11/25/2014 utilization review denied a functional restoration program because the available records did not show that the patient has lost the ability of function independently. Bupropion was denied because guidelines state it is to be used after a failure of TCA or SNRI. Gabapentin was denied because despite use as far back as 7/2012, there was no mention of adequate pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 30-32.

Decision rationale: The physician recommends a functional restoration program for the patient. MTUS Chronic Pain Medical Treatment Guidelines, pages 30-32, under Chronic pain programs (functional restoration programs), lists the Criteria for the general use of multidisciplinary pain management programs and states all criteria must be met. The criteria include: " The patient has a significant loss of ability to function independently resulting from the chronic pain" and "The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. According to the 11/25/14 psychiatry QME report, the patient is fully independent. The reporting does not discuss the patient's motivation or willingness to forgo secondary gains, and the negative predictors of success of a functional restoration program have not been addressed. The MTUS criteria for the functional restoration program have not been met. The request for Functional Restoration Program Evaluation is not medically necessary.

Bupropion 150mg (2 Month Supply): Overturned

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

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

Decision rationale: The patient is reported to have neuropathic pain as well as depression and anxiety related to chronic pain. He has shown an overall decreased his medications usage since 5/14/14. MTUS guidelines under: Specific Antidepressants, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain MTUS supports use of bupropion for neuropathic pain and states it is an antidepressant. The use of bupropion for neuropathic pain and depression appears to be in accordance with MTUS guidelines. The request for Bupropion 150mg (2 Month Supply) IS medically necessary.

Gabapentin 600mg (2 Month Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16 -18.

Decision rationale: The patient is reported to have low back pain with radiculopathy. The records show that on 5/14/14, the patient was taking gabapentin 1200 mg, tid (s3x a day). The 11/4/14 report states the patient is interested in decreasing all medications, and shows he is taking gabapentin 600mg tid. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18

for anti-epilepsy drugs states: Antiepilepsy drugs (AEDs) Outcome states: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA (tricyclic antidepressant), SNRI (serotonin-norepinephrine reuptake inhibitor) or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The provided medical records do not mention efficacy with gabapentin. It is not clear if there is at least a 30% reduction in pain. The continued use of gabapentin without providing documentation of at least 30% improvement is not in accordance with the guidelines. The request for Gabapentin 600mg (2 Month Supply) is not medically necessary.