

Case Number:	CM14-0208317		
Date Assigned:	12/22/2014	Date of Injury:	02/10/1999
Decision Date:	02/18/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Internal Medicine

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 56 year old male sustained an industrial related injury on 02/10/1999 when he was rear-ended while driving a truck for his employer. The results of the injury included a concussion. The injured worker was previously diagnosed with concussion, blunt trauma with cephalgia, mild traumatic brain injury, cervicothoracic strain/sprain with somatic dysfunction and musculoskeletal spasm, post traumatic bilateral occipital neuralgia, post traumatic muscle contraction cephalgia, and resolving post-concussive syndrome. Per the progress report (PR) or evaluation (10/21/2014), the injured worker's subjective complaints included cervical pain and headaches with the cervical pain rated 6-8/10 in severity with current analgesic medication of oxycodone 15 mg 6 per day as needed. Objective findings on this report included prominent myofacial spasm and tenderness of the right temple, bilateral occiput, neck, bilateral shoulders and thoracic paravertebral muscles. Cervical range of motion (ROM) was noted to be decreased with right rotation, right lateral flexion and extension. Cervical extension and right rotation markedly increased right neck and shoulder pain. Bilateral shoulder abduction and flexion was limited to 165 degrees, and bilateral subacromial bursa tenderness was noted. Allodynia was noted over the left anterior chest in a 2 x 4 area at the IPG explanation site. Treatment to date has included medications, left knee brace, left occipital neuroelectrode with revision (07/15/2010), right cervical neuroelectrode (07/15/2010), and a daily home exercise program. Diagnostic testing was not provided and limited mention of previous testing was provided. Current diagnoses and impressions include myofacial pain syndrome of the head, neck, bilateral shoulders and thoracic paravertebral muscles, bilateral occipital neuralgia, cervicogenic facet-

based pain, sleep disturbance, depression and impotence, status post implantation of bilateral peripheral occipital neuroelectrodes, bilateral cervical neuroelectrodes and restore pulse generator, bilateral subacromial bursitis and impingement syndrome, left knee arthralgia status post multiple arthroscopies, and complex regional pain syndrome of the left knee. The bupropion was requested for the treatment of neuropathic pain and depression. The oxycodone was requested for the treatment of headaches and neck pain. Treatments in place around the time the medications were requested included current medications and a home exercise program. The injured worker reported pain was increased with the decrease of oxycodone. The injured worker also reported a decrease in neuropathic pain and depression with the use of bupropion XL. Functional deficits and activities of daily living were noted to be improved with the use of medications; however, there were no specific data provided in regards to functional deficits. Work status was not discussed in the clinical notes provided. Dependency on medical care was noted to be decreased with the use of medications. On 11/14/2014, Utilization Review modified a prescription for oxycodone 15 mg #135 which was requested on 11/12/2014. The oxycodone 15 mg #135 was modified to oxycodone 15 mg #102 based on lack of any evidence of objective measured outcomes from the medication use compared to his baseline, and the absence of any functional improvement after being weaned of the fentanyl patches. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of oxycodone 15 mg #135. On 11/14/2014, Utilization Review non-certified a prescription for bupropion XL 300 mg #30 which was requested on 11/12/2014. The bupropion XL 300 mg #30 was non-certified based on the absence of any evidence that the patient's anxiety and depression were associated with a major depressive disorder, and lack of evidence of severe depressive symptoms or diagnosis. The MTUS Chronic Pain and ODG - Mental Illness and Stress guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of bupropion XL 300 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #135: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation FDA Prescribing Information Oxycodone <http://www.drugs.com/pro/oxycodone.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on

current and previous opioid exposure, as well as on whether the patient is using such medications chronically. FDA guidelines indicate that Oxycodone is indicated for the management of moderate to severe pain. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Activities of daily living were addressed. No adverse side effects were reported. Analgesia was documented. Evaluation for aberrant behavior was documented. Medical records document regular physician clinical evaluations and monitoring. The request for Oxycodone 15 mg is supported by the medical records and MTUS guidelines. Therefore, the request for Oxycodone 15 mg #135 is medically necessary.

Bupropion XL 300 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion), Antidepressants for chronic pain Page(s): 16, 27, 125, 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Wellbutrin <http://www.drugs.com/pro/wellbutrin.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) indicates that Wellbutrin (Bupropion) is an antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Wellbutrin has been shown to be effective in relieving neuropathic pain of different etiologies. Bupropion has shown some efficacy in neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA guidelines indicate that Wellbutrin is indicated for the treatment of major depressive disorder. Medical records document a history of depression, neuropathic pain, and chronic pain. MTUS guidelines support the use of antidepressants for chronic pain. MTUS indicates that Wellbutrin is an antidepressant. Per FDA guidelines, Wellbutrin is indicated for the treatment of depression. The use of Wellbutrin for chronic pain, neuropathic pain, and depression is supported by MTUS and FDA guidelines. Therefore, the request for Bupropion XL 300 mg #30 is medically necessary.