

Case Number:	CM15-0004980		
Date Assigned:	01/16/2015	Date of Injury:	02/08/1997
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 54-year-old female who reported an injury on 02/08/1997. The injured worker reportedly suffered a low back strain while bending down to pick up aircraft items. The current diagnosis is lumbar postlaminectomy syndrome. The injured worker presented on 12/11/2014 for a followup evaluation. Previous conservative treatment includes physical therapy, bilateral radiofrequency ablation of the L3-4 facets on 10/10/2014, medication management, and trigger point injections. The injured worker presented with complaints of neck, shoulder, low back, and bilateral leg pain. The current medication regimen includes Wellbutrin 150 mg, Suboxone, Flexeril 10 mg, Neurontin 300 mg, Zofran 8 mg, Lidoderm 5% patch, Celebrex 200 mg, Ambien, Xanax, and folic acid 1 mg. Upon examination, there was full range of motion of the cervical spine, positive compression sign on the right, facet tenderness on the right, tenderness of the right middle trapezius muscle, spasm, tenderness with palpation of the lateral aspect of the right scapular spine, full range of motion of the upper extremity, 5/5 motor strength, palpable myofascial band 6 cm to the right of the midline just below the iliac crest, positive straight leg raising on the right at 45 degrees, tenderness over the posterior aspect of the right sacroiliac joint, 4/5 motor weakness on the right, positive facet loading test on the right, positive Gillet test on the right, positive iliac compression test bilaterally, positive Gaenslen's test, positive thigh thrust test, and positive faber test. There was decreased sensation over the posterolateral aspect of the right lower extremity in the volar aspect of the left forearm. Recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sublingual Films of Buprenorphine-Naloxone (Suboxone) 2mg/0.5mg # 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction, as well as chronic pain after detoxification in patients who have a history of opiate addiction. The injured worker does not maintain a diagnosis of opiate addiction or a previous detoxification. The injured worker has also utilized this medication since at least 07/2014 without any evidence of objective functional improvement. There was no frequency listed in the request. Given the above, the request is not medically appropriate.

Bupropion ER (Wellbutrin XL) 150mg # 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend Wellbutrin as an option after other agents. While Wellbutrin has shown efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. There is no documentation of a failure of other agents prior to the initiation of Wellbutrin. The injured worker has utilized Wellbutrin since 07/2014 without any evidence of objective functional improvement. There was no frequency listed in the request. Given the above, the request is not medically appropriate.