

<b>Case Number:</b>	CM15-0108940		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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  
Certification(s)/Specialty: Emergency 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:

The injured worker is a 67-year-old female who sustained an industrial injury on 08/28/2002. The injured worker was diagnosed with chronic bilateral hand pain, chronic pain syndrome, osteoarthritis and depression. There was no documentation of previous surgery or invasive procedures. Treatment to date has included diagnostic testing, laboratory blood work and multiple medications for pain treatment. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience bilateral hand pain. Examination demonstrated hands and wrists were tender with no evidence of rheumatoid arthritis. Current medications are listed as Norco 10/325 and Bupropion. Treatment plan consists of continuing with Norco and adding Morphine Sulfate. The current request is for Morphine Sulfate 30mg and Bupropion 150mg renewal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sul 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 78-82, 86.

**Decision rationale:** The requested Morphine Sul 30mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. "The injured worker has bilateral hand pain. Examination demonstrated hands and wrists were tender with no evidence of rheumatoid arthritis. There is insufficient documented medical necessity for adding this opiate to the injured worker's medication regimen. The criteria noted above not having been met, Morphine Sul 30mg #30 is not medically necessary.

**Bupropion 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, 2015 web-based edition; [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

**Decision rationale:** The requested Bupropion 150mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), Page 27, consider this atypical anti-depressant as an option, after trials of tricyclic and SNRI antidepressants, and have shown some efficacy in the treatment of neuropathic pain but no efficacy for non-neuropathic chronic pain. The injured worker has bilateral hand pain. Examination demonstrated hands and wrists were tender with no evidence of rheumatoid arthritis. The treating physician has not documented the following: duration of treatment, failed trials of tricyclic or SNRI antidepressants, objective evidence of derived functional improvement. The criteria noted above not having been met, Bupropion 150mg #60 is not medically necessary.