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| Case Number: | CM15-0109617 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 12/26/2011 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 54 year old female, who sustained an industrial injury on December 26, 2011. The injured worker was diagnosed as having lumbar sprain, thoracic sprain, cervical sprain, post-traumatic migraines, bilateral arm strains, bilateral feet numbness and tingling and right anterior leg pain. Treatment to date has included epidural steroid injections (ESIs) and medication. Currently, the injured worker complains of ongoing low back pain, mid back pain, right shoulder blade pain, neck pain, and cervical occipital headaches. The Treating Physician's report dated April 27, 2015, noted the injured worker reported her pain ranged from 2-8/10. The injured worker's current medications were listed as Bupropion HCL XR, Diclofenac, Frova, Hydromorphone, and Zomig. Physical examination was noted to show tenderness in the cervical occipital paravertebral muscles and posterior cervical muscles increasing with neck extension and rotation, and tender right medial scapula peri-scapular muscles as well as lumbar and lumbosacral muscles. The treatment plan was noted to include refill of Bupropion and increased activity as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL ER XL 300mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-14.

Decision rationale: Bupropion HCl-SR or -XL is a long-acting medication in the dopamine/norepinephrine reuptake inhibitor antidepressant class. The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage that documented assessments of treatment efficacy should include pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects. The submitted and reviewed documentation indicated the worker was experiencing pain throughout the back that went into the legs, pain in the right shoulder blade region, pain at the base of the head, and anxious moods. The documented assessments contained few of the elements encouraged by the Guidelines. There was no discussion detailing how the medication improved the worker's function, or describing special circumstances that sufficiently supported this request. Further, the request was for a very large number of medication refills, which would not account for changes in the worker's care needs. For this reason, the current request for thirty tablets of bupropion HCl-XL 300mg with six refills is not medically necessary.

6 massage therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage and Physical Medicine Page(s): 60; page(s) 98-99.

Decision rationale: The MTUS Guidelines discuss massage therapy as an option along with other recommended treatments, such as exercise, and it should be limited to four to six visits. Massage is a passive intervention and treatment dependence should be avoided. The limited scientific studies available show contradictory results of benefit. The submitted and reviewed records indicated the worker was experiencing pain throughout the back that went into the legs, pain in the right shoulder blade region, pain at the base of the head, and anxious moods. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for six sessions of massage therapy for the lumbar spine region is not medically necessary.