

Case Number:	CM15-0018277		
Date Assigned:	02/06/2015	Date of Injury:	05/20/1995
Decision Date:	04/06/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for complex regional pain syndrome (CRPS) of the upper limb reportedly associated with an industrial injury of May 20, 1995. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve requests for Wellbutrin, Percocet, morphine, and Lidoderm patches. The claims administrator referenced an RFA form of December 22, 2014 in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of hand, wrist, forearm, and shoulder pain. The applicant also reported ancillary complaints of depression and anxiety. Average pain complaints in the 7/10 range were appreciated. The applicant also had issues with low back pain. The applicant was continuing to smoke. The applicant stated that the he is having difficulty ambulating and had fallen on occasion. The applicant had ancillary issues with stage 3 renal insufficiency. The applicant was using morphine at a rate of six times daily and Percocet at a rate of six times daily. The applicant was also using 1800 mg of Neurontin daily along with Lexapro and Wellbutrin for depression. The applicant was using Ambien for insomnia and Lidoderm patches for topical analgesia. The applicant was represented, it was acknowledged. The applicant was also using medical marijuana, it was further noted. Multiple medications were renewed, including MS Contin, Percocet, Lidoderm, and Wellbutrin. The applicant's work status was not stated, although it did not appear that the applicant was working. In an early note dated December 18, 2014, it was again acknowledged that the applicant was still using medical marijuana. The applicant stated that she wanted to repeat a functional restoration program. The attending

provider contended that the applicant's pain medications were ameliorating her pain complaints by 90%. The attending provider stated that the applicant's ability to perform activities of daily living was likewise ameliorated but did not elaborate further. The applicant stated that her pain and depression were generating significant financial burdens. The applicant was apparently receiving disability benefits, it was stated in one section of the note. The applicant was having issues with poor interpersonal relations. The applicant exhibited fresh lesions about the wrist. The applicant was apparently cutting herself. The applicant had apparently had on or off issues with suicidal ideation, it was stated in one section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg #30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Wellbutrin, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants to exert their maximal effect. In this case, however, the applicant has been using Wellbutrin, an atypical antidepressant, for what appears to be several months. The applicant has, however, failed to demonstrate significant benefit from a mental health perspective despite ongoing Wellbutrin usage. The applicant remains off of work, it was acknowledged. The applicant was apparently having issues with mood disturbance, poor interpersonal relations, and had, on several occasions, in late 2014, apparently cut herself on the wrist. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Wellbutrin usage. Therefore, the request was not medically necessary.

Percocet 75/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant was/is off of work. The applicant was receiving both Workers Compensation indemnity benefits and disability benefits, the treating provider suggested. The applicant reported continued difficulty performing activities of daily living, poor interpersonal relations, difficulty concentrating, etc., despite ongoing opioid consumption. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

MS Contin ER 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: Similarly, the request MS Contin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested for applicants who are concurrently using illicit substances. Here, the applicant was/is concurrently using marijuana, an illicit substance. Discontinuing morphine, thus, was a more appropriate option than continuing the same in the face of the applicant's continuing to use marijuana. Therefore, the request was not medically necessary.

Lidoderm 5% patches #30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Finally, the request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.

