

Case Number:	CM15-0167992		
Date Assigned:	09/08/2015	Date of Injury:	04/24/2006
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/26/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 49 year old female, who sustained an industrial injury on 4-24-06. She reported a low back injury while working as a welder. The injured worker was diagnosed as having chronic low back pain, lumbar fusion L3-5 with revision surgeries, lumbar radiculopathy and migraine headaches. Treatment to date has included lumbar fusion, physical therapy, oral medications including Methadone, Ativan, Topamax, Phenergan and Norco; lumbar epidural steroidal injections and spinal cord stimulator. Currently on 7-23-15, the injured worker complains of chronic low back pain with weakness and loss of sensation in the right leg causing falls. She rates the pain as 5 out of 10. She also notes Methadone and Norco bring the pain from a 10 out of 10 to 3 out of 10 (which is unchanged from previous visits); and enable her to perform activities of daily living. She also reports increased depression and crying spells. Disability status is noted to be permanent and stationary. Objective findings noted on 7-23-15 were a slow, antalgic gait, well healed midline and bilateral parasagittal lumbar incisions, moderate lumbosacral tenderness to palpation and severely limited range of motion of lumbar spine. A request for authorization was submitted for Methadone 10mg #180, Norco 10-325mg #120, Ativan 1mg #90 and Wellbutrin 100mg #60 on 7-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 6 hours as needed for breakthrough pain to maximum for 4/day (Rx 7/23/15) Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS, Norco 10-325mg (Hydrocodone-Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no objective documentation of the medication's functional benefit or duration of pain relief. A urine drug toxicology report dated 2-2-15 was inconsistent as Norco was not detected. The injured worker has received Norco since at least 11-6-14. Disability status is noted to be permanent and stationary. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Ativan 1mg 3 times daily as needed (Rx 7/23/2015) Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Ativan (Lorazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Ativan for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. In addition, there are no guideline criteria that support the long-term use of benzodiazepines. The injured worker has utilized Ativan since at least 11-6-14. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Wellbutrin 100mg twice daily (Rx 7/23/15) Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Bupropion (Wellbutrin).

Decision rationale: Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. While Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI, in this case there is no evidence of first line medication. This patient has received Wellbutrin since at least 11-6-14. There is insufficient documentation to warrant additional medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.