

<b>Case Number:</b>	CM15-0168866		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old female who sustained an industrial injury on 3-12-01 the result of cumulative trauma. The original diagnoses were bilateral radial tunnel syndrome (2001) with nerve release surgeries of the right radial nerve (2001) and left radial nerve (2002) with a neuroma complication of the left nerve release surgery, which was then resected with a severing of the radial nerve as part of the repair and it was then, that she started having symptoms of complex regional pain syndrome; ulnar nerve entrapment (2005). Her current diagnosis is chronic complex regional pain syndrome in the left upper and bilateral lower extremities; intrathecal short acting opioids; insomnia, secondary to chronic pain; depression, secondary to chronic pain. As of 7-8-15 the injured worker reports that she is "doing about the same". She has pain in her hands, arms and elbows. She presents for refill on her intrathecal drug delivery system. Her current pain level is 7 out of 10. Her pain level has remained unchanged from her 2-19-15 visit. She is wakened 3-4 times per night due to pain. She does her own activities of daily living and does not drive. The left upper extremity was pale, shiny, atrophic, loss of normal flexure, no hair distribution, folds and wrinkles in the hand, restricted range of motion and tenderness. Treatments to date include medications: levorphanol, Nucynta, baclofen, bupropion (urine drug screen and CURES are consistent with current therapy per 7-8-15 note), Tegretol, Celebrex, Effexor, resperidone, Topamax, trazadone; stellate ganglion block, no help; Bier block, worsened symptoms; sympathetic therapy system, made symptoms worse; spinal cord stimulator times 3, all failed; hyperbaric oxygen without success; Ketamine infusion, sequence of two trial of five with success; pain psychologist with benefit, had 6 sessions approved. The request for authorization dated 7-23-15 requests Nucynta 50 mg #90; baclofen 10 mg #60; bupropion 75mg #60. In the progress note, dated 7-8-15 the treating provider's plan of care includes requests for

Nucynta 50 mg #90; baclofen 10 mg #60; bupropion 75mg #60. From the documents available, the injured worker has been on these medications since at least 1-16-14 with no improvement in her pain level and function was unchanged. The original utilization review dated 7-30-15 gave partial certification of Nucynta 50 mg #90 to #60 to allow for initiation of opioid weaning; partial certification of baclofen 10mg #60 to #30 to allow for weaning; bupropion 75mg #60 modification for one month to allow for submission of missing documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nucynta 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." In the current case, the patient was using opioids without documentation of significant pain or functional improvement. The medical records also do not include documentation on the potential adverse effects of this medication. Therefore, the prescription of Nucynta 50mg #60 is not medically necessary.

**Baclofen 10mg #60: 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): Muscle relaxants (for pain).

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. According to patient's file, there was no discussion of muscle spasm in the recent physical examination. Therefore, the request for BACLOFEN 10MG #60 is not medically necessary.

**Bupropion 75mg #60:** 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): Bupropion (Wellbutrin).

**Decision rationale:** According to MTUS guidelines, Wellbutrin showed some efficacy in the treatment of neuropathic pain. However, there is no evidence of its effectiveness in chronic neck and back pain. Although the drug was previously used for this patient, there is no recent evidence of its efficacy. Based on the above, the prescription of Bupropion 75mg #60 is not medically necessary.