

Case Number:	CM15-0188839		
Date Assigned:	10/01/2015	Date of Injury:	07/04/1995
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old female with an industrial injury date 07-04-1995. Medical record review indicates she is being treated for chronic left knee pain, chronic low back pain, myofascial pain syndrome and depression. Subjective complaints (09-03-2015) included pain in the left knee, low, upper and mid back arm and ankle. Her pain rating is documented as 3 out of 10. "Her mood is good." The treating physician indicated she was doing daily activities, sleep was fair, activity level was 5 out of 5 and she was working part time. The treating physician documented the injured worker was placed on Methadone and "her pain is under good control." "Her function and sleep significantly improves with Methadone." "She went back to work." "She can work and function with Methadone." Her medications (09-03-2015) included Methadone, Neurontin, Wellbutrin (since at least 03-22-2012) and Colace (since at least 03-22- 2012). Prior medications included Mobic, Lorazepam, Norco, Zanaflex, Ketamine cream, Cymbalta, Nortriptyline, Ambien, Soma, Flexeril, Relafen, IV lidocaine infusion, Lidoderm patch, Fentanyl patch Rozerem, Temazepam, Voltaren gel, Buspar, Oxy IR, Zoloft, MS Contin and Clonidine. Prior treatments included trigger point injections, physical therapy and medications. Physical exam (09-03-2015) documented 5 out of 5 muscle strength in the upper and lower extremity bilaterally and lumbar flexion, extension, lateral flexion and rotation were within normal limit without pain. Other findings included no tenderness on palpation of the lumbar paraspinal muscle bilaterally. The treating physician documented the urine drug screen (08-06-2015) was

consistent. On 09-17-2015 utilization review issued the following decision: Wellbutrin 100 mg #30 - non-certified, Colace 250 mg #90 With 4 Refills - modified to Colace 250 mg 1 prescription with the remaining 4 refills non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Wellbutrin 100 mg #30 is not medically necessary. Wellbutrin is recommended as an option after other agents. While Wellbutrin has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Bupropion is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to a tri-cyclic or SNRI (antidepressant). Wellbutrin is a second-generation non-tri-cyclic antidepressants. See the guideline for additional details. In this case, the injured worker's working diagnoses are chronic left knee pain; chronic low back pain; myofascial pain syndrome; and depression. Date of injury is July 4, 1995. Request for authorization is September 9, 2015. Documentation, according to the utilization review, indicates the injured worker was using Wellbutrin as far back as 2012. There is no recent documentation of ongoing depression in the medical record. The documentation in the medical record indicates Cymbalta (out-of-pocket payment) is continued. Current medications include Methadone, Neurontin, Wellbutrin and Colace. The injured worker has returned to work. Objectively, the injured worker's mood is good. The injured worker has returned to work. Objectively, the injured worker's mood is good. There is no documentation demonstrating objective functional improvement to support ongoing Wellbutrin. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, and no documentation demonstrating objective functional improvement to support ongoing Wellbutrin, Wellbutrin 100 mg #30 is not medically necessary.

Colace 250mg #90 With 4 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>.

Decision rationale: Pursuant to drugs.com, Colace (Docusate) 250 mg #90 with 4 refills is not medically necessary. Docusate (Colace) is used to relieve occasional constipation and prevent

dry, hard stools. Polis is a stool softener. In this case, the injured worker's working diagnoses are chronic left knee pain; chronic low back pain; myofascial pain syndrome; and depression. Date of injury is July 4, 1995. Request for authorization is September 9, 2015. Documentation, according to the utilization review, indicates the injured worker was using Wellbutrin as far back as 2012. There is no recent documentation of ongoing depression in the medical record. The documentation in the medical record indicates Cymbalta (out-of-pocket payment) is continued. Current medications include Methadone, Neurontin, Wellbutrin and Colace. The injured worker has returned to work. The documentation indicates the injured worker suffers with opiate induced constipation. Objectively, the injured worker's mood is good. The injured worker has returned to work. Objectively, the injured worker's mood is good. There is no documentation demonstrating objective functional improvement with Colace. There is no clinical indication for #4 refills of Colace. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation demonstrating objective functional improvement to support ongoing Colace, (Docusate) 250 mg #90 with 4 refills is not medically necessary.