

Case Number:	CM15-0034849		
Date Assigned:	03/03/2015	Date of Injury:	01/20/2011
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male, who sustained an industrial injury on January 20, 2011. The injured worker had reported neck, left shoulder and low back pain. The diagnoses have included discogenic cervical condition, discogenic lumbar condition and impingement syndrome with bicipital tendonitis of the left shoulder. Treatment to date has included medications, MRI of the lumbar and cervical spine, physical therapy, back brace, transcutaneous electrical nerve stimulation unit, left shoulder surgery and heat and cold therapy. Current documentation dated January 14, 2015 notes that the injured worker complained of neck, left shoulder and severe low back pain. He also reported difficulty with sleeping due to pain. Physical examination revealed tenderness across the paraspinal muscles and pain with facet loading and along the facets. On January 28, 2015 Utilization Review non-certified a request for Norco # 90, Neurontin 600 mg # 90 and Welbutrin 150 mg. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck pain radiating into the left shoulder and low back pain. The request is for NORCO # 90. Patient is status post left shoulder surgery, date unspecified. Physical examination to the lumbar spine on 01/14/15 revealed tenderness to palpation across the paraspinal muscles and pain with facet loading and pain along the facets. Patient's diagnosis, per 11/25/14 progress report include discogenic neck condition for which the MRI has just been approved, nerve studies in 2012 were unremarkable, he also has facet joint inflammation and headache, repeat nerve studies have not yet been approved, he has not yet seen psychiatry, discogenic lumbar condition with MRI obtained in January 2013 showing disc disease at L3-L4, L4-L5, and L5-S1, more on the left than on the right, nerve studies in 2012 were unremarkable, Repeat MRI and nerve study of the upper extremities at this time have not been responded upon, impingement syndrome and bilateral tendinitis on the left status post decompression, biceps tendon release, and stabilization, the MRI also showed some AC joint wear prior to surgery, the patient has some weight gain, element of depression, headaches, and issues with sleep and concentration associated with chronic pain, the patient has an incidental finding on ultrasound showing fatty liver which is presumably improved. Per 12/22/14 progress report, patient's medications include Norco, Flexeil, Tramadol ER, Protonix, Naflon, Wellbutrin and Neurontin. Patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided a reason for the request. Patient has been prescribed Norco from 07/23/14 and 01/14/15. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. There are no numerical scales or validated instruments to address analgesia; no opioid pain agreement. or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with neck pain radiating into the left shoulder and low back pain. The request is for NEURONTIN 600 MG # 90. Patient is status post left shoulder

surgery, date unspecified. Physical examination to the lumbar spine on 01/14/15 revealed tenderness to palpation across the paraspinal muscles and pain with facet loading and pain along the facets. Patient's diagnosis, per 11/25/14 progress report include discogenic neck condition for which the MRI has just been approved, nerve studies in 2012 were unremarkable, he also has facet joint inflammation and headache, repeat nerve studies have not yet been approved, he has not yet seen psychiatry, discogenic lumbar condition with MRI obtained in January 2013 showing disc disease at L3-L4, L4-L5, and L5-S1, more on the left than on the right, nerve studies in 2012 were unremarkable, Repeat MRI and nerve study of the upper extremities at this time have not been responded upon, impingement syndrome and bilateral tendinitis on the left status post decompression, biceps tendon release, and stabilization, the MRI also showed some AC joint wear prior to surgery, the patient has some weight gain, element of depression, headaches, and issues with sleep and concentration associated with chronic pain, the patient has an incidental finding on ultrasound showing fatty liver which is presumably improved. Per 12/22/14 progress report, patient's medications include Norco, Flexeil, Tramadol ER, Protonix, Nafion, Wellbutrin and Neurontin. Patient is not working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. The patient presents with neck pain radiating into the left shoulder and low back pain. Neurontin was prescribed in progress reports 07/23/14 and 01/14/15. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, none of the reports provided for review mention whether or not Neurontin has been helpful with the patient's pain. Furthermore, it is not clear in the notes that the patient suffers from neuropathic pain. No radicular symptoms are described with the patient's pains localized to shoulder, neck and low back. The request IS NOT medically necessary.

Wellbutrin 150mg: 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 SPECIFIC ANTIDEPRESSANTS Bupropion (Wellbutrin) Page(s): 13-16.

Decision rationale: palpation across the paraspinal muscles and pain with facet loading and pain along the facets. Patient's diagnosis, per 11/25/14 progress report include discogenic neck condition for which the MRI has just been approved, nerve studies in 2012 were unremarkable, he also has facet joint inflammation and headache, repeat nerve studies have not yet been approved, he has not yet seen psychiatry, discogenic lumbar condition with MRI obtained in January 2013 showing disc disease at L3-L4, L4-L5, and L5-S1, more on the left than on the right, nerve studies in 2012 were unremarkable, Repeat MRI and nerve study of the upper extremities at this time have not been responded upon, impingement syndrome and bilateral tendinitis on the left status post decompression, biceps tendon release, and stabilization, the MRI also showed some AC joint wear prior to surgery, the patient has some weight gain, element of

depression, headaches, and issues with sleep and concentration associated with chronic pain, the patient has an incidental finding on ultrasound showing fatty liver which is presumably improved. Per 12/22/14 progress report, patient's medications include Norco, Flexeil, Tramadol ER, Protonix, Naflon, Wellbutrin and Neurontin. Patient is not working. MTUS guidelines under: SPECIFIC ANTIDEPRESSANTS, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Treater has not provided reason for the request. Patient has been utilizing Wellbutrin per progress reports 12/22/14 and 01/14/15 for depression due to chronic pain. Per 11/25/14 progress report, patient's diagnosis includes weight gain, element of depression. The medical records document that the patient suffers from chronic neck pain radiating to the left shoulder and low back pain. The use of anti-depressant and anti-anxiety medication would be reasonable, but the treater does not discuss it's effectiveness. None of the reports reviewed discuss how this medication has been helpful. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.