

Case Number:	CM15-0041875		
Date Assigned:	04/09/2015	Date of Injury:	02/03/2013
Decision Date:	05/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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 45-year-old who has filed a claim for groin pain reportedly associated with an industrial injury of February 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; earlier herniorrhaphy surgery; multiple trigger point injections; and transfer of care to and from various providers in various specialties. In a Utilization Review report dated February 13, 2015, the claims administrator failed to approve requests for tramadol, Wellbutrin, and tizanidine. An office visit of January 13, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of groin pain. It was stated that the applicant had apparently returned to work despite the same. The applicant reported 6-8/10 pain complaints, seemingly constant. The applicant stated that his ability to socialize and/or participate in hobbies had been limited secondary to pain. The applicant was on Desyrel, Zoloft, Xanax, tramadol, and Motrin, it was acknowledged. The applicant was given a primary operating diagnosis of chronic neuropathic pain status post earlier herniorrhaphy surgery. A functional restoration program evaluation was seemingly proposed. At the bottom of the report, the attending provider stated that the applicant was off of work, on total temporary disability, in contrast to what was reported toward the top of the report. The attending provider stated that the applicant's pain complaints were 7/10 without medications versus 6/10 with medications and were, furthermore, aggravated by activities of daily living as basic as standing and walking. The claims administrator was given BuTrans, Neurontin, and

Elavil on January 13, 2015. The remainder of the file was surveyed on several occasions. There was no explicit mention of the claimant having used Wellbutrin (bupropion) at any point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 MG Tab #120 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Weaning of Medications Page(s): 78, 124.

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

Decision rationale: No, the request for tramadol, a synthetic opioid, was 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 a result of the same. Here, however, the applicant was off of work, it was acknowledged on a January 13, 2015 office visit. The applicant's reported reduction in pain scores from 7/10 without medications to 6/10 with medications appeared marginal-to-negligible at best and was, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing tramadol usage. The attending provider's commentary to the effect that the applicant was having difficulty performing activities of daily living as basic as standing and walking, despite ongoing medication consumption, did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request was not medically necessary.

Bupropion 100 MG BID #60 with 6 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16, 27.

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

Decision rationale: Similarly, the request for Wellbutrin (bupropion), an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Wellbutrin (bupropion) may be helpful to alleviate symptoms of depression, as were seemingly present here, there was no mention of Wellbutrin being introduced on the January 13, 2015 progress note, referenced above. The remainder of the file was surveyed on several occasions. There was no explicit mention of the claimant's using Wellbutrin (bupropion). It was not, furthermore, clearly established whether the attending provider intended to employ Wellbutrin to replace previously prescribed antidepressants such as Zoloft and trazodone or whether

Wellbutrin (bupropion) was intended to augment the same. Therefore, the request was not medically necessary

Tizanidine HCL 4 MG Tab #90 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: Finally, the request for tizanidine (Zanaflex), an antispasmodic agent, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in management of spasticity but can be employed off-label for myofascial pain and/or low back pain, in this case, however, the applicant's primary pain complaints were seemingly neuropathic in nature and/or residual groin pain status post earlier failed herniorrhaphy surgery. These do not appear to be indications for ongoing usage of tizanidine, per page 66 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing tizanidine usage. Pain complaints as high as 6-7/10 were reported, despite ongoing tizanidine usage. Ongoing tizanidine usage had failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.