

Case Number:	CM15-0054221		
Date Assigned:	04/16/2015	Date of Injury:	03/16/2001
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on March 16, 2001. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral upper extremity complex regional pain syndrome, bilateral lower extremity complex regional pain syndrome, spinal cord stimulator placement upper extremities with revision, status post spinal cord stimulator placement lower extremities with revision, De Quervain's tenosynovitis, lateral epicondylitis, multiple caries secondary to xerostomia due to chronic opiate use, medication-induced gastritis and chronic cervicogenic headaches becoming migrainous. Treatment to date has included diagnostic studies, spinal cord stimulator, Botulinum toxin injection, home health aide services and medications. On February 17, 2015, the injured worker complained of excruciating and debilitating headaches which turn into migraines with associated photophobia, nausea and vomiting. She reported 50% pain relief in the bilateral upper and lower extremities with use of her cervical and lumbar spinal cord stimulator. She noted that her medications help with the pain. The treatment plan included medications, an increase to her home health aide services, psychiatrist and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Bupropion HCL 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and mental pg 21.

Decision rationale: According to the guidelines, Bupropion is recommended as a first-line treatment option for major depressive disorder. The claimant had been on anti-depressants for years for chronic depression and complex regional pain. In this case, there is no documentation on depression in recent notes or therapeutic response. The physician stated the last progress note obtained from psychiatry was in May 2014. The continued use of Bupropion is not substantiated and not medically necessary.

Flector 1.3% patch #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. In addition, the claimant had been on other analgesics for months. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary..