

Case Number:	CM15-0054741		
Date Assigned:	03/30/2015	Date of Injury:	06/14/2008
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
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: New Jersey
 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 38 year old female, who sustained an industrial injury on 6/14/08. The injured worker has complaints of lower backache that wraps around groin area. The diagnoses have included lumbar radiculopathy and low back pain. Treatment to date has included electromyogram bilaterally; Magnetic Resonance Imaging (MRI) of the lumbar spine; lumbar epidural steroid injections; physical therapy and current medications were listed as senokot, wellbutrin, oxycontin straight and as needed and atenolol. The documentation noted on 12/30/14 the injured worker was on oxycodone twice a day and that she is hesitant to taper further this month. The request was for oxycodone and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, it was not clear how much oxycodone was actually being taken, although the request appeared to be for a continuation of twice-daily oxycodone 5 mg. There was insufficient evidence found in the documentation from recent progress notes to show specific and direct functional gains as well as measurable pain level reduction directly related to the oxycodone use, independent of the other medications taken. Without this more specific evidence of benefit with use at the current doses, the oxycodone will be considered medically unnecessary.

Wellbutrin XI 150mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27.

Decision rationale: Bupropion has been shown to help relieve neuropathic pain and may be recommended as a third line medication for neuropathy who may have not had a response to a tricyclic or SNRI. Bupropion is also recommended as a first-line treatment option for major depressive disorder. In the case of this worker, there was record of Wellbutrin XL use, however, it was not clear from the documentation provided for review why this was prescribed. Also, there was no reports made in the documentation regarding how effective the Wellbutrin XL was at improving the overall function and symptoms of the worker with continual use. Therefore, without a clear record of benefit, the Wellbutrin XL will be considered medically unnecessary.