

Case Number:	CM15-0085932		
Date Assigned:	05/07/2015	Date of Injury:	03/13/1998
Decision Date:	09/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 3/13/98. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included IDET procedure; medications. Currently, the PR-2 notes dated 3/30/15 indicated the injured worker is in this office as a follow-up evaluation of back pain. He complains of back pain and describes it as aching, burning, dull and stabbing indicating back flexion and hip rotation worsens his conditions but rest improves it. He is experiencing back stiffness, radicular pain in the bilateral extremities. His level of pain is 8/10 and has existed for an extended amount of time. The injured worker has not been seen in the office since November 2014 due to non-authorized treatment. The provider notes he was admitted for cellulitis and osteomyelitis of the left foot; he continues to have medical conditions that require a more aggressive medical management through his secondary insurance carrier. Documentation on this date indicates the injured worker is a status post IDET procedure with radiculopathy; obese which interferes with recommended surgical intervention to the back, has had a recent MI, poorly controlled blood sugar, recent cellulitis with SIRS. The provider's treatment plan includes flexion/extension x-rays, screening lab tests and physical therapy in the future due to deconditioning. He has also requested Wellbutrin 100mg, #60, 4 refills; Norco 10/325mg, #60; Neurontin 600mg, #90, Cymbalta 30mg, #30, 2 refills, Colace Sodium 250mg, #60, 1 refill and Topamax 25mg, #60, 3 refills. Utilization Review letter notes telephone conversation with the provider regarding the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 100mg, #60, 4 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of chronic pain syndrome, neuropathic pain and associated psychosomatic disorders. The guidelines noted that the presence of untreated psychiatric conditions can be associated with decreased efficacy and compliance to pain treatment procedures and medications. The records indicate that the patient had significant history of depression, anxiety and neuropathic pain. The criteria for the use of Wellbutrin 100mg #60 with 4 refills was medically necessary.

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesic and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with anticonvulsant and psychiatric sedative medications. The records indicate that the patient is utilizing multiple sedative medications concurrently. There is no objective findings of functional restoration. There is no documentation of compliance monitoring of serial UDS, CURESS data reports and absence of aberrant behavior. The criteria for Norco 10/325mg #60 was not medically necessary.

Neurontin 600mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of chronic pain syndrome, neuropathic pain and associated psychosomatic disorders. The utilization of anticonvulsant medications is associated pain relief, functional restoration and reduction in analgesic requirement. The records indicate that the patient had significant history of depression and anxiety and neuropathic pain. The criteria for the use of Neurontin (gabapentin) 600mg #90 was medically necessary.

Cymbalta 30mg, #30, 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of chronic pain syndrome, neuropathic pain and associated psychosomatic disorders. The guidelines noted that the presence of untreated psychiatric conditions can be associated with the decreased efficacy and compliance of pain treatment procedures and medications. The records indicate that the patient had significant history of depression and anxiety and neuropathic pain. The criteria for the use of Cymbalta 30mg #30 with 2 refills was medically necessary.

Colace Sodium 250mg, #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedures, Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for prevention and treatment of opioid induced constipation when non medication measures such as increased fluid and fiber intake have failed. The chronic use of opioids can be associated with the development of constipation, decreased gastrointestinal motility, tolerance, dependency, addiction, sedation and adverse interactions with other medications. The criteria for Norco 10/325mg #60 was not met therefore the continual utilization of Colace Sodium 250mg #60 with 1 refill is not medically necessary.

Topamax 25mg, #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of chronic pain syndrome, neuropathic pain and associated psychosomatic disorders. The records show that the patient is utilizing multiple anticonvulsant and psychiatric medications concurrently. There are no documentation of required serial LFT for patients on chronic Topamax treatment. The records indicate that the patient had significant history of depression and anxiety and neuropathic pain. The criteria for the use of Topamax 25mg #60 with 3 refills was not medically necessary.