

Case Number:	CM14-0105860		
Date Assigned:	07/30/2014	Date of Injury:	06/04/1998
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old male with date of injury 6/4/98. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain with radiation of pain to the bilateral lower extremities since the date of injury. He has been treated with physical therapy, spinal cord stimulation, medications and decompression and fusion of L4-S1. MRI of the lumbar spine performed in 03/2010 revealed post operative changes, mild neuroforaminal narrowing at L4-5 right side, spondylolisthesis of L3-4 with degenerative joint disease and borderline left lateral recess narrowing at L2-3. Objective: decreased and painful range of motion of the lumbar spine. Diagnoses: post laminectomy syndrome, lumbar spine degenerative disc and joint disease. Treatment plan and request: Nucynta, Lorzone, Zantac, Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 62 year old male has complained of lower back pain with radiation of pain to the bilateral lower extremities since date of injury 6/4/98. He has been treated with physical therapy, spinal cord stimulation, decompression and fusion of L4-S1 and medications to include Nucynta since at least 01/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta is not indicated as medically necessary.

Lorzone 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: This 62 year old male has complained of lower back pain with radiation of pain to the bilateral lower extremities since date of injury 6/4/98. He has been treated with physical therapy, spinal cord stimulation, decompression and fusion of L4-S1 and medications to include Lorzone since at least 05/2014. Per the MTUS guidelines cited above, muscle relaxants are recommended with caution for the short term (2-4 week) treatment of acute exacerbations in patients with chronic lower back pain. The recommended duration of use has been exceeded in this patient. On the basis of the MTUS guidelines, Lorzone is not indicated as medically necessary in this patient.

Zantac 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com/zantac.

Decision rationale: This 62 year old male has complained of lower back pain with radiation of pain to the bilateral lower extremities since date of injury 6/4/98. He has been treated with physical therapy, spinal cord stimulation, decompression and fusion of L4-S1 and medications to include Zantac since at least 04/2014. Zantac is a medication used to treat symptoms of heartburn and gastroesophageal reflux related disease. There is no documentation in the available medical records of gastroesophageal symptomatology nor is there a medical rationale regarding the necessity of use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Zantac is not indicated as medically necessary.

Wellbutrin 150mg #30: Upheld

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

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

Decision rationale: This 62 year old male has complained of lower back pain with radiation of pain to the bilateral lower extremities since date of injury 6/4/98. He has been treated with physical therapy, spinal cord stimulation, decompression and fusion of L4-S1 and medications to include Wellbutrin since at least 04/2014. Per the MTUS guideline cited above, Wellbutrin has shown no efficacy in in patients with non-neuropathic chronic low back pain and some efficacy in neuropathic back pain. There is no provider documentation that supports the diagnosis of neuropathic pain in this patient. On the basis of the MTUS guidelines and available provider documentation, Wellbutrin is not indicated as medically necessary.