

<b>Case Number:</b>	CM14-0146545		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/12/2001
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; unspecified amounts of physical therapy; a spinal cord stimulator; and opioid therapy. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for Wellbutrin, partially certified a request for Percocet, and partially certified a request for OxyContin. Percocet and OxyContin were apparently partially certified for weaning purposes. The applicant's attorney subsequently appealed. In an August 19, 2014 progress note, the applicant reported 3/10 pain with medications versus 8/10 without medications. The applicant was using three to four Percocet a day, it was stated. The applicant was using OxyContin very sparingly. It was stated that the applicant might not need OxyContin in the near future, going forward. The attending provider posited that the spinal cord stimulator was working well but acknowledged that the applicant had not worked since July 2011. The applicant's medication list included Mobic, Wellbutrin, Xanax, Zanaflex, OxyContin, and Percocet. The applicant was severely obese, with a BMI of 40. OxyContin, Wellbutrin, and Percocet were renewed. It was stated that Wellbutrin was diminishing the applicant's depressive symptoms. It was stated that the applicant would only use Wellbutrin if she had a flare of low back pain associated with a menstrual cycle. In an earlier note dated June 24, 2014, the applicant was described as not having had used OxyContin over the preceding month. The applicant apparently only needed refills of Percocet and Mobic, it was stated. 3/10 pain with medications versus 9/10 pain without medications was noted. It was again acknowledged that the applicant was not working and was severely obese, with a BMI of 40.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150mg, #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Wellbutrin "may be helpful" to alleviate symptoms of depression. In this case, the attending provider has posited that ongoing usage of Wellbutrin has been beneficial and has attenuated the applicant's depressive symptoms and improved the applicant's mood. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Percocet 10/325mg, #120:** Overturned

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

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

**Decision rationale:** 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 reduced pain achieved as a result of the same. In this case, while the applicant is not working, the attending provider has consistently reported that ongoing usage of Percocet has diminished the applicant's complaints of pain from 8-9/10 without medications to 3/10 with medications. Ongoing usage of Percocet, furthermore, is reportedly improving the applicant's ability to perform home exercises, the attending provider has posited. Therefore, the request is medically necessary.

**Oxycontin 10mg, #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin Page(s): 92.

**Decision rationale:** The attending provider has written on several occasions that he intends for the applicant to employ OxyContin if and when she has severe flares of pain associated with menstruation. However, as noted on page 92 of the MTUS Chronic Pain Medical Treatment

Guidelines, OxyContin tablets are "not intended" for use as a p.r.n. analgesic. The applicant's intended usage of OxyContin, thus, does not conform to MTUS parameters. Accordingly, the request is not medically necessary.