

Case Number:	CM14-0165367		
Date Assigned:	10/10/2014	Date of Injury:	12/15/1998
Decision Date:	11/12/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 58-year-old male who sustained an injury on 12/15/1998. The medical records were reviewed. He subsequently underwent 2 lumbar spine surgeries but continues to have low back pain with radiation into both legs. An examination of 7/25/2014 reveals marked pain related limitation of motion of the lumbar spine. There is decreased sensation over the calves and heels. The patient ambulates with a cane. The patient complains of severe functional limitations without his medication. A request is made to reinstate the medications that the patient was taking previously which included Bupropion 150 mg #60, Gabapentin 600 mg #90, and MS Contin 60 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 14-16.

Decision rationale: Bupropion is a non-tricyclic antidepressant. It is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a

response to try cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI). It is an off label indication for neuropathic pain. The provider states that he is using gabapentin and nortriptyline for this patient is neuropathic pain and has added bupropion in order to make a combination of medications more effective. However, neuropathic pain is an off label indication and increasing the dosage of the first line medications may be more effective. Therefore, since this is considered an off label indication and since it is considered a third line medication, the medical necessity for using bupropion has not been established.

Gabapentin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is considered a first line medication for the treatment of neuropathic pain. At issue here is the amount of pain reduction that the patient is experiencing with this medication. A good response is a 50% reduction in pain and a moderate response is a 30% reduction. If there is not at least a 30% reduction in pain consideration should be given to switching to a different first line agent or combination therapy with other first line drugs. There is no documentation that this patient has at least a 30% reduction in pain with the use of Gabapentin. The patient, however, is on a combination program of medication for his neuropathic pain which includes Nortriptyline. Therefore, the medical necessity for continuing the use of Gabapentin as part of a combination therapy for neuropathic pain has been established. Therefore, this request is medically necessary.

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This patient is having ongoing management of his nociceptive pain with opioids. He is having drug screens which do not reveal any issues of abuse or addiction. There appears to be a monitoring of the analgesic effects, activities of daily living, adverse side effects, and aberrant behavior. There does not appear to be any misuse of medication. However, the patient is receiving 180 mg of Morphine equivalent which is higher than the 120 mg recommended by the MTUS guidelines and his functional improvement with medication appears to be insignificant compared to the amount of opioid he is getting. According to the patient's statements, he is only able to walk 15 minutes, sit 15 minutes, combing his hair and brushing his teeth with all this medication is receiving. Part of the criteria for long-term opioid use is to reassess the functional improvement and compared with the baseline. If the functional improvement is so insignificant, there are other factors that may need to be assessed such as

psychological factors. Therefore, since there is a failure to achieve a significant functional improvement with this large amount of opioids, the medical necessity for continuing opioids has not been established. This request is not medically necessary.