

<b>Case Number:</b>	CM14-0167725		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	03/23/2000
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 66 years old female with an injury date on 03/23/2000. Based on the -04/08/2014 progress report provided by [REDACTED], the diagnoses are:1. Increase left buttock pain since 05/2013, possible misplaced lumbar hardware.2. Patient in constant moderate to severe pain and patient is depressed.3. There is no hope for a WC settlement, which leaves patient in a dependent relation with carrier and in turn prevent her from moving forward. According to this report, the patient primary complains of constant low back and leg pain. The patient also complains of depression, anxiety, energy disturbance, sleep disturbance, and appetite loss. "Patient had a BPI Severity score of 0 and BPI Interference score of 0." Pain is best describes as "shooting moderate, stabbing moderate, cramping moderate, aching moderate. Pain rating worse: 0, least: 3, average: 4, and Initial: 4." Twisting, lifting, standing, and walking would aggravate the pain. Numbness, tingling, and weakness are also noted. Physical exam indicates "exquisitely tender to light palpation throughout." Swelling is visible at the right lumbar region and SI joint. Patient's surgical history includes lumbar fusion at L3-4, L4-5, and L5-S1. There were no other significant findings noted on this report. The utilization review denied the request on 04/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/13/2013 to 10/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #180 with 5 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s):.

**Decision rationale:** According to the 04/08/2014 report by [REDACTED] this patient presents with constant low back, leg pain, depression, anxiety, energy disturbance, sleep disturbance, and appetite loss. The treating physician is requesting Oxycodone 15 mg #180 with 5 refills. The patient's functional status is "no activity secondary to pain, she is unable to clean her home, spending majority of day in bed. Chronic Opioid Therapy helps reduce her pain." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycodone was first mentioned in the 11/13/13 report; it is unknown exactly when the patient initially started taking this medication. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary and appropriate.

**Lexapro 20 MG #30 5 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** According to the 04/08/2014 report by [REDACTED] this patient presents with constant low back, leg pain, depression, anxiety, energy disturbance, sleep disturbance, and appetite loss. The treating physician is requesting Lexapro 20mg #30 with 5 refills. " Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. Lexapro was first mentioned in the 11/13/2013 report; it is unknown exactly when the patient initially started taking this medication. In this case, the patient is prescribed Lexapro for probably depression and neuropathic pain. However, there was no discussion of the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary and appropriate.

**Wellbutrin 300 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16, 13-15.

**Decision rationale:** According to the 04/08/2014 report by [REDACTED] this patient presents with constant low back, leg pain, depression, anxiety, energy disturbance, sleep disturbance, and appetite loss. The treating physician is requesting Wellbutrin 300mg #30. The MTUS guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Wellbutrin was first mentioned in the 11/13/2013 report; it is unknown exactly when the patient initially started taking this medication. In this case, the patient is prescribed Wellbutrin for probably depression and neuropathic pain. However, there was no discussion of the efficacy of the medication. There no documentation regarding the medical necessity of the usage of this medication. The request is not medically necessary and appropriate.