

<b>Case Number:</b>	CM14-0210330		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 60 year old female with the injury date of 12/21/98. Per physician's report 11/18/14, the patient has low back pain at 8/10 without medications and 7/10 with medications. The medications including Lexapro, Wellbutrin XL and Fentanyl patch are helpful and well tolerated. The patient takes Lexapro and Wellbutrin XL for anxiety and depression due to her chronic pain. The patient likes the Duragesic patches better than Fentanyl patches because they stay on better. The patient continues to take Colace for her constipation due to her duragesic patches. The patient is retired. The patient is currently taking Fantanyl patch, Escitalopram, Bupropion and Docusate sodium. The patient has tried HEP, H-wave, Tens unit, injections, acupuncture and surgery in the past. "The patient continues to feel that medications help control pain and increase function. The patient can perform increased ADLs with medications. There is no aberrant behavior. The patient signed an opioid contract with our office. Chronic opioids are necessary for chronic intractable pain." The lists of diagnoses are: 1) Depression. 2) Lumbar radiculitis. 3) Lumbar facet joint pain. 4) Lumbar discogenic pain syndrome . 5) DDD, lumbar. 6) Myofascial pain. 7) Chronic pain syndrome. 8) Chronic SI joint pain. 9) Low back pain. Per 10/21/14 progress report, the patient has low back pain at 8/10 without medication and 6/10 with medication. Pain is unchanged since her last visit. SLR is positive bilaterally. Per PHQ-9 depression inventory, the patient reports a score of 18 which indicates moderately severe depression. The rest of progress reports indicates same diagnoses, medication and physical exam findings, except pain levels. Urine drug screening performed on 06/21/14 has

consistent result. The utilization review determination being challenged is dated on 11/26/14. Treatment reports were provided from 05/21/14 and 11/18/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Fentanyl 100 MCG/Hr Patch Qty 15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in her neck and lower back. The request is for FENTANYL 100mcg/hr. #15. The patient is currently taking Fentanyl patch, Escitalopram, Bupropion and Docusate sodium. The patient has utilized Fentanyl patch since at least 05/21/14. Regarding chronic opiate use, MTUS guidelines page 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 4A's (analgesia, ADLs, adverse side effects, and adverse 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. The review of the reports shows that the treating physician has addressed aberrant behavior, urine toxicology and documentation of a pain contract. The treating physician also states that the patient can perform increased ADLs with medications. However, the reports lack before and after pain scales, and any specific ADL's to determine any significant improvement. There are no numerical scales or validated instrument to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request of Fentanyl patches IS NOT medically necessary.

#### **Wellbutrin XL 150 MG Qty 90: Overturned**

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

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

**Decision rationale:** The patient presents with pain in her neck and lower back. The request is for WELLBUTRIN XL 150mg #90. The patient has been utilizing Wellbutrin XL since at least 05/21/14 for anxiety and depression due to her chronic pain. MTUS Guidelines regarding antidepressants pages 13 to 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." The review of the reports indicates that the patient suffers from chronic neck and low back pain and numbing over the ulnar distribution of her left arm. The patient also has depression. This

patient meets the indication for this medication as there is report of neuropathic pain and depression. The request of Wellbutrin XL IS medically necessary.