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| Case Number: | CM14-0214612 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 12/30/2011 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 54 year-old male with date of injury 12/30/2011. The medical document associated with the request for authorization, a Represented Panel Qualified Medical Evaluation, dated 10/08/2014, lists subjective complaints as pain in the low and upper back. Objective findings: Examination of the spine revealed tenderness to palpation of the cervical and lumbar paravertebral muscles and moderately reduced range of motion in all planes with pain. Three trigger points were noted in the lumbar spine. Diagnosis: 1. Back pain, 2. Myositis fibrosa, 3. Fibromyalgia, secondary, symptomatic, 4. Chronic pain syndrome. The medical records supplied for review document that the patient has been taking the following medication for at least a far back as four months. Medication: 1. Bupropion SR 100mg, #30 SIG: one by mouth two times daily 2. Gabapentin 100mg, #30 SIG: 1-2 at bedtime 3. Ibuprofen 800mg, #30 SIG: one by mouth two times daily 4. Duloxetine 30mg, #15 SIG: one by mouth daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Bupropion SR 100mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Bupropion (Wellbutrin®)

Decision rationale: The Official Disability Guidelines state that while bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. 60 tablets of Bupropion SR 100mg is not medically necessary.

1 month supply of Gabapentin 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 100mg is not medically necessary.

30 tablets of Ibuprofen 800: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 800 is not medically necessary.

1 month supply of Duloxetine 30mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duloxetine (Cymbalta®)

Decision rationale: The Official Disability Guidelines recommend Cymbalta as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). Duloxetine has been approved for both chronic low back pain and osteoarthritis. Duloxetine delayed-release capsules previously were approved for the treatment of major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, and fibromyalgia. The patient care to diagnosis of fibromyalgia. I am reversing the previous utilization review decision. One month supply of Duloxetine 30mg is medically necessary.