

<b>Case Number:</b>	CM14-0214915		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/31/1995
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California  
Certification(s)/Specialty: Family Practice

### 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 44 year old male patient who sustained a work related injury on 1/31/95. The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbago, and unspecified myalgia and myositis and cervicalgia. Per the doctor's note dated 11/10/14, patient has complaints of increased pain at the base of his neck down the right shoulder with right shoulder tightness. Physical examination of the cervical and lumbar region on 9/18/14 revealed normal gait, limited range of motion, tenderness on palpation and normal sensory and motor examination. The current medication lists include Methadone, Zanaflex, Baclofen, Neuritis, Neurontin. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #70:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Methadone 10mg #70 is not established for this patient.

**Wellbutrin XL 300mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

**Decision rationale:** According to CA MTUS guidelines cited below "Bupropion (Wellbutrin) a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non neuropathic chronic low back pain." Any evidence of the neuropathic pain was not specified in the records provided. In addition there is no evidence of efficacy in patients with non neuropathic chronic low back pain. The medical necessity of the request for Wellbutrin XL 300mg #30 is not fully established in this patient.