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| Case Number: | CM14-0087937 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 08/19/1997 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 56 year old male, who sustained an industrial injury on 8/19/1997, while reaching for a tool. The injured worker was diagnosed as having lumbago and depressive disorder. Treatment to date has included diagnostics, physical therapy, spinal surgery, mental health treatment, and medications. On 5/05/2014, the injured worker complained of chronic low back pain (not rated). He reported that his psychologist suggested a return to Lexapro since he did better on this. Current medications included Celebrex, Cyclobenzaprine, Gralise, Lexapro, Norco, and Zocor. Anxiety and depression were noted. The injured worker and spouse also reported past treatment with Wellbutrin, with less depression. The treatment plan included continued medications including Norco and a new prescription for Wellbutrin XL.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Bupropion XL 300mg, #30 with 12 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Woodcock 2012) and ODG: Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The patient presents with diagnoses of lumbago and depressive disorder. In May of 2014, the patient complained of chronic low back pain. Anxiety and depression were noted. The current request is for 1 Prescription of Bupropion XL 300mg, #30 with 12 refills. The UR dated 5/20/14 modified the request of Bupropion with 12 refills to a single prescription. MTUS Guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. And, 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. MTUS additionally addresses antidepressants for chronic pain and states; assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long-term effectiveness of anti-depressants has not been established. Given that the long-term effectiveness of this treatment is not known and that periodic assessment of treatment efficacy should take place a request for 12 refills is not medically necessary. Therefore, the current request is not medically necessary and the recommendation is for denial.

1 Prescription for Norco 10/325mg, #150 with 2 refills.: Upheld

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

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

Decision rationale: The patient presents with diagnoses of lumbago and depressive disorder. The treating physician report dated 7/31/14 states that the patient is currently prescribed Norco 10-325, 1 PO 5 times daily prn pain. He is a disabled Iron Worker that has tenderness in the lower back. Orthopedic report dated 9/15/14 states that the patient is two years post-op with burning pain in both legs. The pain has increased since his pain medication has decreased. The surgeon goes on to state that, "This young man looks fit, athletic, well tanned and has normal spinal posture. His neurological examination shows patchy areas of decreased sensation in a non-anatomic distribution. Examination of his lower extremities demonstrated muscle strength of 5/5 in all muscle groups. 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. In

this case, the treating physician has failed to document how the long term usage of Norco has helped this patient. There are no before and after pain scales used. There is no documentation of functional improvement in ADLs or return to work with opioid usage. There is no discussion of side effects, aberrant behavior, CURES or urine screenings. MTUS requires much more thorough documentation for continued opioid usage. The current request is not medically necessary and the recommendation is for denial.