

<b>Case Number:</b>	CM15-0114236		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/22/2000
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 54 year old female, who sustained an industrial injury on 9/22/00. She reported initial complaints of headaches, ribs, shoulder, hip and lower back pain. The injured worker was diagnosed as having lumbago, low back pain; facet arthropathy cervical thoracic or lumbar; shoulder region disease OT; myofascial pain syndrome; encounter long prescription use. Treatment to date has included right shoulder injections; trigger point injections/trapezius; pelvic belt; cervical medial branch nerve block C3, C4, 5, C6 (12/16/11; 12/23/11); right cervical rhizotomy C2-3, C3-4, C4-5 C5-6 (7/30/12); left lumbar rhizotomy L2-3, L3-4, L4-5, L5-S1 (3/18/11; 7/16/12); urine drug screening; medications. Diagnostics included MRI right upper extremity joint (1/23/08). Currently, the PR-2 notes dated 5/4/15 indicated the injured worker complains of right shoulder lower back pain and neck pain ongoing and increases with activity. The provider notes, she is now using Robaxin and may be causing some itching but she may have some seasonal allergies. She reports she also is feeling better with the increase of Wellbutrin. She is not working but trying to do light activity around the home and gardening. Her pain levels are documented as 5/10 with medications. Current medications are listed as: Lisinopril 10mg; Robaxin 750 two daily (started on 4/7/15 to end on 6/5/15); Wellbutrin SR 200mg one twice a day (start 5/4/15 end 8/1/15); Norco 10/325mg one every 4-5 hours (start 5/4/15 end 6/2/15). The physical examination documents: head and neck; cervical spine as tender, decreased flexion, extension, rotation, left and right lateral bending. The right upper extremity is noted shoulder tenderness on palpation at the subacromial space with pain on resisted abduction with range of motion decreased on abduction and shoulder flexion; pain with

abduction and flexion. The lower left extremity examination notes overall: knee benign, ankle; foot benign, lower leg tender; thigh; foot non-tender without crepitus or defects, full strength in the left lower extremity bulk and tone. The right lower extremity notes overall benign, ankle; foot benign, lower leg; thigh; foot non-tender without crepitus or defects, full strength in the right lower extremity bulk and tone. Spine, ribs and pelvis are tender at the lumbar spine, tender at the facets joint with decreased flexion and extension and decreased lateral bending. The provider explains for office drug screening and notes the injured worker tested positive for OPI, negative for AMP, BAR, BZO, COC and MTD. And the Creatinine was within normal range. His treatment plan was to continue the injured workers current medication regime. He is requesting authorization of Norco 10/325mg #180; Wellbutrin SR 200mg #60 with 2 refills; retrospective request for Qualitative single drug class of 6 drug screen, quantity: 1, preformed on 2/9/2015 and retrospective request for Assay of urine creatinine, quantity: 1, preformed on 2/9/2015.

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

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Wellbutrin SR 200mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27.

**Decision rationale:** 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. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that 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. In this case, there is documentation that the patient has a history of anxiety and depression. There is documentation of a positive response to use of this medication. Medical necessity for the requested medication is established. The requested medication, with 2 refills, is medically necessary.

**Retrospective request for Qualitative single drug class of 6 drug screen, quantity: 1, preformed on 2/9/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis (opiate screening). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (urine drug testing) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there was a previous urine drug screen on 2/9/2015. There was no specific indication the requested repeat urine drug screens. Medical necessity for the requested tests was not established. The requested tests were not medically necessary.

**Retrospective request for Assay of urine creatinine, quantity: 1, preformed on 2/9/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (urine drug testing) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

**Decision rationale:** There is no specific indication for the requested urine creatinine test. There are no subjective or objective findings to support the requested laboratory test. There is no documentation indicating the patient had liver or renal problems. Medical necessity for the requested studies was not established. The requested laboratory studies were not medically necessary.