

Case Number:	CM15-0123301		
Date Assigned:	07/07/2015	Date of Injury:	01/13/2002
Decision Date:	09/22/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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: 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 67 year old female, who sustained an industrial injury on 1/13/02. The diagnoses have included lumbar discogenic disease, lumbar facet syndrome, failed back syndrome, lumbar radiculitis and status post lumbar laminectomy times two. Treatment to date has included medications, activity modifications, diagnostics, pain management and other modalities. Currently, as per the physician progress note dated 10-23-14, the injured worker complains of severe low back pain that radiates to the bilateral lower extremities with numbness, tingling and cramping in the bilateral extremities. She complains of spasms to the bilateral back. She is tearful, depressed and crying and states that her sleep is impaired due to pain. The objective findings reveal that the lumbar exam shows restricted range of motion, movement is painful, gait is antalgic, straight leg raise is positive bilaterally at 30 degrees, there is lumbar tenderness noted, she is unable to heel and toe walk, and there is altered sensory perception with pinwheel in L4-5 and L5-S1 dermatomes. The urine drug screen dated 12-4-14 was inconsistent with the medications prescribed. The physician requested treatments included Pharmacy purchase of Bupropion HCL tab 150mg #30, Hydrocodone-APAP tab 10-325mg #120, Morphine Sulfate tab 100mg ER #90 and Cyclobenzaprine tab 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Bupropion HCL tab 150mg xl #30: Upheld

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

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

Decision rationale: The most recent report dated 10/23/14 indicates the patient has complaints of severe low back pain traveling to the lower extremities. There is cramping in both calves and numbness and tingling in both feet. She also complains of depression. The current request is for a pharmacy purchase of Bupropion HCL tab 150mg XL #130. The CA MTUS has this to say about antidepressants for chronic pain. Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) 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. (Additional side effects are listed below for each specific drug.) 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). 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). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, 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 no supporting evidence that the patient is suffering from neuropathic pain. Furthermore, there is no documentation of treatment efficacy, including improved function, changes in use of other medications, sleep quality or psychological assessment. The available medical documentation does not establish medical necessity for ongoing Bupropion HCL.

Hydrocodone/APAP tab 10/325mg #120: Upheld

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

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

Decision rationale: The most recent report dated 10/23/14 indicates the patient has complaints of severe low back pain traveling to the lower extremities. There is cramping in both calves and

numbness and tingling in both feet. She also complains of depression. The current request is for Hydrocodone/APAP tab 10/325mg #120. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. The medical records made available for review do not establish medical necessity for the request of Hydrocodone/APAP.

Morphine Sulfate tab 100mg ER #90: Upheld

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

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

Decision rationale: The most recent report dated 10/23/14 indicates the patient has complaints of severe low back pain traveling to the lower extremities. There is cramping in both calves and numbness and tingling in both feet. She also complains of depression. The current request is for Morphine Sulfate tab 100mg ER #90. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. The medical records made available for review do not establish medical necessity for the request of Morphine Sulfate tab 100mg ER #90.

Cyclobenzaprine tab 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The most recent report dated 10/23/14 indicates the patient has complaints of severe low back pain traveling to the lower extremities. There is cramping in both calves and numbness and tingling in both feet. She also complains of depression. The current request is for Cyclobenzaprine tab 10mg #90. According to the most recent report available, dated 10/23/14, the patient has been on Soma for many years so the treater is now prescribing Flereril. According to the MTUS, Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is recommended for short-term use not to exceed three weeks. In this case, there is no discussion of how long the patient has been on Cyclobenzaprine, but it is well documented that the patient has been using muscle relaxants for many years. The available documentation does not establish medical necessity for the request of Cyclobenzaprine tab 10mg #90.