

Case Number:	CM15-0126035		
Date Assigned:	07/10/2015	Date of Injury:	02/10/1999
Decision Date:	09/08/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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: Pediatrics, Internal 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:

The injured worker is a 57 year old male, who sustained an industrial injury on February 10, 1999. The mechanism of injury was a truck accident. The injured worker sustained a concussion. The injured worker has been treated for head, neck, back and shoulder complaints. The diagnoses have included post-concussive syndrome, complex regional pain syndrome of the left lower extremity, left knee osteoarthritis with profound weakness, myofascial pain syndrome of the head neck, bilateral shoulders and thoracic paravertebral muscles, bilateral occipital neuralgia, cervicogenic facet-based pain, sleep disturbance, depression, bilateral, subacromial bursitis and impingement syndrome and left knee arthralgia. Documented treatment and evaluation to date has included medications, radiological studies, knee brace, neurology consultation, neuropsychological examination and implantation of bilateral peripheral occipital neuroelectrodes, bilateral cervical neuroelectrodes and a restore pulse generator. Work status was noted to be permanent and stationary. The injured worker was retired. Current documentation dated June 16, 2015 notes that the injured worker reported cervical axial pain and headache rated an 8-9 out of ten on the visual analogue scale. Examination revealed tenderness and prominent myofascial spasm over the right temple, bilateral occiput, neck, bilateral shoulders and thoracic paravertebral muscles. Range of motion was noted to be decreased and painful. The documentation supports that the injured worker decreased his use of Oxycodone and experience an increase in pain and a 50% decrease in function. The treating physician's plan of care included a request for Oxycodone 15 mg # 120 and Bupropion XL 300 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Overturned

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 California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." In this case, Oxycodone has been prescribed for this injured worker since at least February of 2015. The injured worker continues to report severe cervical axial pain with the use of medications. The documentation supports the injured worker was able to walk a quarter of a mile and care for young children with pain levels averaging 7-8 out of ten on the visual analogue scale with the use of Oxycodone. The documentation supports that the injured worker decreased the amount of Oxycodone in April of 2015 and had an increase in pain and a 50% decrease in function with activities of daily living. The Medical Treatment Utilization Schedule (MTUS) guidelines recommend continuing opioid medication when injured workers have significant improved functioning. In this case, the documentation supports the injured worker decreased his Oxycodone, which increased his pain and significantly decreased his level of function. The request for Oxycodone is medically necessary.

Bupropion XL 300mg #30: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that "Bupropion (Welbutrin) is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial of 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. 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 serotonin and norepinephrine

reuptake inhibitor anti-depressants." The injured worker had chronic head, neck, back and shoulder pain. In this case, the injured worker has been taking Welbutrin XL since at least February Of 2015. The documentation notes that the injured worker had a decrease in neuropathic pain and depression with the use of Welbutrin allowing the injured worker to perform activities of daily living. The request for Welbutrin is medically necessary.