

Case Number:	CM15-0127953		
Date Assigned:	07/14/2015	Date of Injury:	07/04/1995
Decision Date:	08/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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 (IW) is a 53-year-old female who sustained an industrial injury on 07/04/1995. Diagnoses include chronic left knee pain; chronic low back pain; myofascial pain syndrome; and depression. Treatment to date has included medication, physical therapy and trigger point injections. According to the progress notes dated 6/11/15, the IW was seen for follow-up for pain in the following areas: left knee, low back, and upper back, mid back, arm and ankle. She stated Methadone relieved her pain well and she was sleeping better. She was able to go back to work part-time. Her pain level was decreased from 8/10 to 2/10, her mood was good and her activity level was 5/5. On examination, her mood was good. The tenderness was gone from the lumbar paraspinal muscles and the left knee. Muscle strength was 5/5 in all extremities. Sensation was intact to all extremities, with hypersensitivity to pinprick in the left lower extremity. Lumbar range of motion (ROM) was within normal limits without pain. Previously, ROM was limited and painful and tender points were present in the neck, chest, upper back, knee elbow, hip and ankle. A request was made for Wellbutrin 100mg, #30, Colace 250mg and Methadone 5mg, #30, which, per the documentation, have worked well for the IW to decrease pain and improve her functional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 100 mg #30: Overturned

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): 13-14.

Decision rationale: The patient presents with pain in the left knee, low back, upper back, mid back, arm, and ankle. The current request is for Wellbutrin 100mg#30. The treating physician states, in a report dated 06/11/15, "Cymbalta was discontinued and Wellbutrin 100mg qd was started which work for her mood and pain." (161B) The patient has been diagnosed with fibromyalgia and myofascial pain as well as depression. The MTUS guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In this case, the patient, in an expedited review request letter, states "██████ and I have finally found a combination that works very well for both pain relief and the accompanying depression." The Wellbutrin remedy was also reached through months of trying ineffective drugs with which to replace Cymbalta, which although effective, ██████ chose not to certify. During this [6-11-15] visit I did not bring up symptoms of depression, because they were being controlled suitably by the current dosage of Wellbutrin, which is 100mg #30 to be taken 1 time daily. Depression is not something that disappears. It can be successfully regulated with the correct medications and life style changes such as meditation and exercise, which I also practice correlating to pain relief received by successful medication treatments. (5A) The patient is noting functional improvement with the continued use of Wellbutrin, which is being used in accordance with MTUS guidelines. The current request is medically necessary.

Colace 250 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: The patient presents with pain in the left knee, low back, upper back, mid back, arm, and ankle. The current request is for Colace 250 mg. The treating physician states, in a report dated 06/11/15, "She was on Colace 250mg 2 tabs bid." (160B) The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." The records reviewed show that the patient has been prescribed Methadone. Additionally the patient, in an expedited review request letter, states "I did not report constipation [on 6-11-15], because it was being adequately managed by the previous prescription of Colace (which I paid for). I guarantee, if the Colace is denied, I will be reporting constipation again." (5A) The patient has been stable on opioids with Colace without documentation of constipation. MTUS states prophylactic treatment of constipation is recommended. The current request is medically necessary.

Methadone 5 mg #30: Overturned

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

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

Decision rationale: The patient presents with pain in the left knee, low back, upper back, mid back, arm, and ankle. The current request is for Methadone 5 mg#30. The treating physician states, in a report dated 06/11/15, "Today she states Methadone really relieves her pain. Her pain is under good control. Her function and sleep significantly improves with Methadone. She went back to work. Her pain level decreases to 2/10 from 8/10. Her mood is good. Her activity level is 5/5. She is doing daily activities. Her sleep is fair. She is working part time." (161B). A urine drug test was performed on 7/17/14. The MTUS guidelines have specific requirements regarding the documentation of pain reduction and functional improvement that must be documented to continue opioid usage. Specifically on page 78 the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) must be documented to provide a framework for the ongoing clinical usage of opioids. The treating physician, in this case, documented the 4 A's as required by MTUS and provided significant information indicating the efficacy of Methadone in helping the patient function on a daily basis. The current request is medically necessary.