MAXIMUS Federal Services

Case Number:	CM15-0171898		
Date Assigned:	09/14/2015	Date of Injury:	09/27/1996
Decision Date:	10/29/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female who sustained an industrial injury September 27, 1996. Past history included cervical fusion, lumbar fusion, and spinal cord stimulator implantation. Diagnoses are chronic pain syndrome; cervical post-laminectomy; lumbar post-laminectomy. According to a treating physician's progress report dated August 12, 2015, the injured worker presented with the same cramping, sharp, low back pain with bilateral radiation to the lower extremities, without bowel or bladder compromise. The pain is aggravated by sitting, twisting and driving. She reported medication improves her ability to walk, sit upright, shop, wash dishes and prepare meals. The neck pain is worsening and described as constant sharp and tingling. It is aggravated by looking up and down and driving. Muscle aches and arthralgia-joint pain and migraines are also reported. The stimulator is helping, mainly for radicular pain. She rated her current pain an 8 out of 10, and with medication 4 out of 10. Physical examination revealed: 5'3" 148 pounds; cervical spine; tenderness of the paracervicals and the trapezius and trapezius trigger pain right and left; ambulates without assisted device and antalgic gait; lumbar spine right and left; tenderness of the paraspinal region at L4, the iliolumbar region, gluteus maximus, and piriformis, active range of motion flexion 60 degrees and extension 20 degrees; Fentanyl patch on, no rash. Treatment plan included trigger point injections to the bilateral trapezius and bilateral spinatus capitis administered with ultrasound guidance, without complication and to continue with medication as prescribed. At issue is the request for authorization for Bupropion 150mg #90 with 5 refills, Dilaudid 4mg #60, Dilaudid 4mg #60, and Fentanyl 75mcg-hour #10. According to utilization review, dated August 26, 2015,

the request for Fentanyl 75mcg-hour #10 between 08-12-2015 and 10-23-2015 is certified. The request for Bupropion 150mg #90 with 5 refills has been modified to Bupropion 150mg #90 with two refills between 08-12-2015 and 02-20-2016. The requests for Fentanyl 75mcg-hour #10, Dilaudid 4mg #60, and Dilaudid 4mg #60 between 08-12-2015 and 10-23-2015 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 150 mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Bupropion (Wellbutrin).

Decision rationale: Recommended as an option after other agents. 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, 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. The original reviewer modified the request to Bupropion with two refills. Bupropion 150 mg #90 with 5 refills is not medically necessary.

One prescription for Fentanyl 75 mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The original reviewer approved a prescription for Fentanyl. An additional prescription is not appropriate. One prescription for Fentanyl 75 mcg/hr #10 is not medically necessary.

One prescription for Dilaudid 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A peer review on 06/18/2015 non-certified a prior request for Dilaudid stating that the prescription usage for the patient exceeded the guideline recommended 120mg. The total calculated MED for the patient was 212mg. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. One prescription for Dilaudid 4 mg #60 is not medically necessary.

One prescription for Dilaudid 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A peer review on 06/18/2015 non-certified a prior request for Dilaudid stating that the prescription usage for the patient exceeded the guideline recommended 120mg. The total calculated MED for the patient was 212mg. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. One prescription for Dilaudid 4 mg #60 is not medically necessary.