

Case Number:	CM15-0060950		
Date Assigned:	04/07/2015	Date of Injury:	12/18/2005
Decision Date:	06/30/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/31/2015

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: Emergency 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:

This 62 year old man sustained an industrial injury on 12/18/2005. The mechanism of injury is not detailed. Diagnoses include discogenic lumbar condition with radiculitis, sacroiliac joint inflammation, depression, and sleep disorders. Treatment has included oral medications, back brace, hot and cold wrap, stretches, and TENS unit. MRI of lumbar spine dated 4/2013 revealed minimal diffuse bulges, hypertrophic changes and mild stenosis in L4-5. EMG done 4/5/13 was reportedly normal. Physician notes on a PR-2 dated 2/11/2015 show complaints of low back pain. Exam only notes pain and limited range of motion. Negative straight leg raise. No motor or sensory deficits. Recommendations include Vicodin, urine drug screen, Flexeril, Neurontin, Tramadol ER, Wellbutrin, Ultracet, Naproxen, activity modification, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically with no documentation of actual benefit documented. Patient does not neuropathic pain with noted normal EMG results and exam that is not consistent with neuropathic or radicular pain. Gabapentin is not medically necessary.

Wellbutrin 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant for chronic pain Page(s): 13-14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

Decision rationale: Bupropion/wellbutrin is a second generation non-tricyclic antidepressant. As per MTUS Chronic pain guidelines, it is effective in the treatment of neuropathic pain. Patient does not have neuropathic pain. It is not recommended for pain in this patient. Provider states that it is also being used for depression. However, the provider is an orthopedist and has not documented even basic information concerning severity and assessment of depression. Patient appears to have been on Effexor in the past and it is unclear why there was a change in medication. There is no documentation by the provider on whether patient is being followed and treated for depression by a psychiatrist. Chronic depression treatment by an orthopedist is outside the provider's scope of practice and without supporting recommendation/consultation report from a psychiatrist, the use of wellbutrin for depression is not safe and not medically necessary.

Ultracet 37.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Ultracet is acetaminophen with tramadol, a Mu-Agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The provider has persistently failed to document necessary components needed to support opioid therapy. Patient has been intermittently on and off vicodin and was suddenly switched to Ultracet for unknown reason. Prior reports show no benefit from opioid therapy. It is unclear why provider switched patient to Ultracet. With no noted justification and prior failure of opioid therapy, Ultracet is not medically necessary.

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Anaprox or Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on NSAIDs chronically with no documented objective benefit. Continued chronic use with no improvement is not recommended. Naproxen is not medically necessary.