

Case Number:	CM15-0068916		
Date Assigned:	04/16/2015	Date of Injury:	01/20/2011
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43-year-old male, who sustained an industrial injury on 1/20/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having discogenic cervical condition, discogenic lumbar condition, impingement syndrome and bicipital tendinitis of the left shoulder, status post surgical intervention, and weight gain/depression/headaches/sleep issues associated with chronic pain. Treatment to date has included surgery, physical therapy, diagnostics, and medications (allergy to Ibuprofen). Currently, the injured worker complains of pain in his neck, left shoulder, and severe low back. He was taking Wellbutrin for his depression and Norco for pain. His pain was documented as "having gotten worse". He was not working. The treatment plan included Norco, Wellbutrin (since at least 1/2015), Flexaril, Protonix, and Nalfon. He was approved for psychiatry. A progress report, dated 9/24/2014, noted elevated liver function tests and the use of Norco since at least that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #70 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term Norco. There is no evidence of the above pain assessment. The documentation indicates despite Norco there is no significant functional improvement or improvement in pain therefore, the request for Norco 10/325mg is not medically necessary.

Wellbutrin 150mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants- Bupropion Page(s): 15-16.

Decision rationale: Wellbutrin 150mg #15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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 SNRI. The 3/25/15 progress note states that patient has gotten worse despite taking Norco and Wellbutrin and his back pain is increased with shooting pain down the legs. The documentation does not indicate evidence of functional improvement despite being on Wellbutrin, therefore, this request is not medically necessary.