MAXIMUS Federal Services

Case Number:	CM15-0069562		
Date Assigned:	04/17/2015	Date of Injury:	06/23/2009
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 is a 41-year-old female, who sustained an industrial injury on 06/23/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic post-traumatic vascular headaches, mild right ulnar nerve entrapment at the right elbow, insomnia type of sleep disturbance, complications from discogram causing weakness to the right arm, status post cervical spine surgery at the cervical four to five, and moderate to severe chronic myofascial pain syndrome of the cervical and thoracic spine. Treatment to date has included above listed procedures, use of gym with pool access, psychiatric therapy, and medication regimen. In a progress note dated 11/03/2014, the treating physician reports complaints of frequent pain and numbness to the right arm along with constant neck and upper back pain that is rated a six to nine out of ten on a pain scale of one to ten without medication and with a pain rating of three out of ten with medication. The documentation provided did not contain the recent requests for the medications of Hydrocodone/Acetaminophen and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180 x6 weeks: Upheld

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: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Hydrocodone/APAP 10/325mg #180 x6 weeks is not medically necessary and appropriate.

Wellbutrin SR 100mg #90 x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

Decision rationale: Although Wellbutrin (Buproprion), a second-generation non-tricyclic antidepressant has been shown to be effective in the treatment of neuropathy, there was no evidence of efficacy in patients with non-neuropathic chronic spinal pain. Submitted reports have not adequately demonstrated any specific objective findings of neuropathic pain on clinical examination and electrodiagnostic studies was essentially unremarkable. There is also no documented failed first-line treatment with tricyclics to support for this second-generation non-tricyclic antidepressant. Wellbutrin that has been non-certified previously. Reports have not shown any functional benefit from previous treatment rendered for this chronic injury. The Wellbutrin SR 100mg #90 x6 weeks is not medically necessary and appropriate.