

Case Number:	CM15-0079920		
Date Assigned:	04/30/2015	Date of Injury:	05/12/2004
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49 year old female with an industrial injury dated 05/12/2004. Her diagnoses included radio frequency thermo-coagulation of cervical 2-3 and cervical 3-4, status post cervical 4-7 cervical fusion, cervical radiculitis, chronic cervical myofascial pain, status post right wrist surgery, status post right shoulder surgery, status post left ulnar shortening surgery and status post left thumb arthroplasty. She presents on 03/05/2015 stating she is feeling better than she has in many years. She feels the medication including Duragesic 25 mcg and Wellbutrin 150 mg ER has made a difference in her life. She states she is able to get up out of bed and feels motivated. She also states she has been exercising and stretching. Physical exam revealed some tenderness to palpation without muscle spasm in the cervical spine. The provider documents the injured worker states the medication drops her pain from 8+/10 all the way dose to 2-3/10. She has a whole new light and in no longer depressed as she was before. Her most recent urine drug screen and CURES report were consistent with her medications and she had an opioid contract on file with the office. The plan of treatment includes a request for Duragesic and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin ER 150mg #60 x 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic, Antidepressants for chronic pain Page(s): 47 to 97, 44, 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-14.

Decision rationale: Wellbutrin (bupropion) is a medication in the antidepressant class. The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage that documented assessments of treatment efficacy should include pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects. The submitted and reviewed documentation indicated the worker was experiencing neck pain and anxious moods. These records detailed how this medication improved the worker's function and suggested improved pain intensity. For these reasons, the current request for sixty tablets of Wellbutrin (bupropion)-ER 150mg for three months is medically necessary.

Duragesic 25 mcg #10 x 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic, Antidepressants for chronic pain Page(s): 47-97, 44, 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: The Duragesic (fentanyl) patch is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck pain and anxious moods. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. In light of this supportive evidence, the current request for ten Duragesic (fentanyl) 25mcg/h patches is medically necessary.

