

Case Number:	CM14-0156008		
Date Assigned:	09/25/2014	Date of Injury:	07/06/2007
Decision Date:	11/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and hip pain reportedly associated with an industrial injury of July 6, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; and psychotropic medications. In an August 21, 2014 progress note, the claims administrator partially approved a request for Norco and Wellbutrin, apparently for weaning purposes. The claims administrator stated that the applicant "did not have evidence of neuropathic pain, which would justify usage of Wellbutrin", in its opinion. The applicant's attorney subsequently appealed. In a January 21, 2014 progress note, the applicant reported multifocal pain complaints, including low back pain, hip pain, knee pain, etc., 5 to 7/10. The applicant's medication list included Amrix, BuTrans, hydrochlorothiazide, Keppra, Lyrica, Norco, Robaxin, tramadol, Desyrel, and Wellbutrin. The applicant did report difficulty sleeping in the review of the systems section of the note. There was no explicit discussion of medication efficacy. Multiple medications were renewed. The applicant's work status was not furnished, although the applicant did not appear to be working. On August 4, 2014, the applicant reported multifocal low back, knee, hand, and hip pain, 8/10. It was stated that the applicant had severe arthritis and was a candidate for various total replacement surgery. The applicant was using a cane to move about. Multiple medications were ultimately renewed, including the Norco and Wellbutrin at issue, again with no explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status has not been provided. It does not appear that the applicant is working, however. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. In anything, the limited information on file suggested that the applicant is having difficulties performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Wellbutrin 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16, 7.

Decision rationale: While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Wellbutrin is an atypical antidepressant which has shown to be effective in relieving neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. It appears that Wellbutrin is being employed for pain here (as opposed to depression), although this was not clearly stated by the attending provider. In this case, however, the applicant has seemingly failed to return to work, despite ongoing usage of Wellbutrin. The applicant remains dependent on opioid agents such as Norco, again despite longstanding usage of Wellbutrin. All the above, taken together, suggest that Wellbutrin has failed to generate any lasting benefit or functional improvement as defined in MTUS 9792.20f here. Therefore, the request is not medically necessary.