

Case Number:	CM13-0022535		
Date Assigned:	11/13/2013	Date of Injury:	10/30/2006
Decision Date:	02/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty Certificate in Disability Evaluation, 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 physician 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 patient is a forty-one-year-old male who began working as an irrigation technician in 1997. His job duties included installing and repairing valves, time clocks, and sprinklers, and maintaining grass, plant, and tree areas, mostly in commercial locations. The patient was able to perform his usual and customary job duties without particular difficulty for a number of years and he denies any prior work-related injuries. However, he has been involved in two non-industrial motor vehicle accidents, one in 1994 and one in 2008. Prior to the industrial injury of record on October 30, 2006, he had degenerative disease of the lumbar spine with disc changes at the L4-5 and L5-S1 levels, as well as overall mild central canal spinal stenosis at L4-5, with associated left leg pain, for which he had received epidural injections on several occasions. With this background, the claimant was involved in a work-related motor vehicle accident on October 30, 2006. He was driving his work truck when he was rear-ended at a fairly high speed by another vehicle, with a severe acceleration/deceleration injury. The patient's head apparently struck the windshield of his truck. Subsequent surgery on June 26, 2012 consisted of left L4-5 and L5-S1 laminectomy and foraminotomy, with interbody fusion at L5-S1, with implantation of fusion cage and posterior fixation. Postoperative diagnoses were lumbar spondylosis and stenosis at L4-5 and L5-S1, herniated disc at L5-S1 with radiculopathy. Diagnoses: 1. Lumbar strain, moderate to severe, chronic, recurrent, progressive. 2. Degenerative disc disease, lumbar spine, slight to moderate. 3. Herniated nucleus pulposus, L4-5 and L5-S1, status post posterior decompression and posterior lumbar interbody fusion at L5-S1, with posterolateral fusion from L4 to the sacrum, performed on June 26, 2012. 4. History of bilateral S1 radiculopathies, resolved over the last two and one-half years, consistent with a satisfactory surgical decompression a

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #210: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter - Opioids, specific drug list, Opioids, and Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, Criteria for Use Page(s): 52, 76, 77, 93.

Decision rationale: According to CA-MTUS Chronic Pain Medical Treatment Guidelines, Norco (hydrocodone, a semi-synthetic opioid which is considered the most potent oral opioid, and Acetaminophen) is indicated for moderate to moderately severe pain. However, pages 76-77 of the Chronic Pain guidelines stipulate specific criteria to follow before a trial of opioids for chronic pain management, and there is no documentation that these guidelines were followed. Furthermore, results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short-term use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (page 82). Therefore the request for Norco 10/325mg #210 is not medically necessary.

Topamax 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter - Topiramate (Topamax®) and Anti-epilepsy drugs (AEDs) for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Other Antiepileptic Drugs Page(s): 21.

Decision rationale: CA-MTUS states that Topiramate (Topamax®, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007). Therefore the request for Topamax 50mg #90 is not medically necessary.

Wellbutrin 100mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter - Wellbutrin® (Bupropion) and Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Specific Antidepressants and on Bupropion (Wellbutrin®) Page(s): 16 and 27.

Decision rationale: CA-MTUS states that Bupropion (Wellbutrin®), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor), has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) 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. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss. Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005) Elsewhere, it states this medication is recommended as an option after other agents. In this case, there is no documentation of effectiveness or functional improvement specifically attributable to Wellbutrin®; therefore, continued use is not medically necessary.