

<b>Case Number:</b>	CM13-0068627		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/21/2007
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 46 year old male who reported an injury on 11/05/2012. The mechanism of injury was reported as a Bobcat digger malfunction that caused it drop. Per the 11/04/2013 clinical note, the injured worker reported low back pain with intermittent radiating down the lower extremities. Physical exam findings included tenderness to palpation of the lumbar paraspinal muscles. An L5-S1 fusion was performed on 07/09/2009 with subsequent hardware removal in September 2010. An unofficial MRI done 04/06/2012 showed lumbar fusion at L5-S1 with disc protrusion at L4-5. An EMG/NCV performed on 01/29/2013 showed no evidence of Final Determination Letter for IMR Case Number CM13-0068627 3 radiculopathy. Current medications included Tramadol, Acetadryl, Lyrica, and Wellbutrin. In the plan of treatment the provider added Trazodone to replace Acetadryl for sleep. The request for authorization form was submitted on 12/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR TRAZODONE 50 MG #60, DAY OF SERVICE 11/26/2013:** 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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Antidepressants for chronic pain, Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain; however, they do not specifically address antidepressants for insomnia. The Official Disability Guidelines recommend Trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The medical records provided show the provider was requesting Trazodone to replace Acetadryl for sleep. There is no documentation of a diagnosis of insomnia or subjective complaints of trouble sleeping. As such, the request is not medically necessary and appropriate.

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR WELLBUTRIN XL 150 MG #120, DAY OF SERVICE 11/26/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Bupropion (Wellbutrin), Page(s): 27.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Bupropion (Wellbutrin) as an option after other agents. 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, Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic antidepressant or SNRI. The medical records provided do not indicate the injured worker had tried and failed either a tricyclic antidepressant or SNRI. The EMG/NCV study done 01/29/2013 was found to be essentially normal and there were no objective findings to confirm neuropathic pain. As such, the request is not medically necessary and appropriate.