

<b>Case Number:</b>	CM13-0072446		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient sustained the injury in January 6, 2012. The diagnoses are knee pain and low back pain. The December 4, 2013 notes by [REDACTED] documented associated numbness, tingling and depression. There was documented improvement in functional, ADL and mood from the use of the prescribed medications. No subjective or objective finding of muscle spasm was documented. The patient had a prior lumbar fusion surgery and had previously completed physical therapy treatments. The medications listed are diclofenac XR 100mg for pain, omeprazole for the prevention of NSAID associated gastritis, Wellbutrin 150mg a day for depression and neuropathic pain, Tramadol ER 150mg a day for pain and Zanaflex for muscle spasm. The duration of treatment with these medications was not specified in the records provided. A Utilization Review determination was rendered on December 13, 2013 recommending non-certification of Tramadol ER 150mg #30, Wellbutrin 150mg #30 and Zanaflex 4mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 150MG, #30, DOS 12/4/13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, ODG-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** The California MTUS guidelines indicate Tramadol ER for the treatment of chronic pain. Tramadol ER is an extended release formulation analgesic that acts on opioid and non-opioid receptors. It is associated with less addicting and sedative properties than equipotent dosage of pure opioid medication. The reason given for UR denial was non-specification of quantity required per month. The December 4, 2013 clinical note indicated that at a dosage of Tramadol ER 150mg, daily, at # 30 per month, there is decrease in pain scores and improvement of ADL and general activities. Therefore the request is certified.

**WELLBUTRIN 150MG #30, DOS 12/14/13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, ODG-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 27.

**Decision rationale:** The California MTUS guideline addressed the use of anti-depressants for the treatment of depression and neuropathic pain. Wellbutrin is an atypical antidepressant that can be used as a first line treatment of depression and neuropathic pain. It can also be used for non-neuropathic pain except when it is ineffective, poorly tolerated or contraindicated. The December 4, 2013 clinic notes by [REDACTED] documented decrease in pain, improvement in mood and function with no contra-indication to the use of Wellbutrin 150mg daily. Therefore the request is certified.

**ZANAFLEX, #90, DOS 12/4/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, ODG-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS guideline addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasm associated with chronic pain. The guideline recommend for a short course of treatment with non-sedating muscle relaxants not to exceed 2-3 weeks during periods of acute exacerbation or flares that did not respond to standard treatment with NSAIDs and exercise. The available medical records indicate that the patient has been on muscle relaxants for more than 1 year. There is no documentation that Zanaflex is being used only for acute exacerbation or flare up. There is no documentation that muscle spasm was present or that any subjective complaint of muscle spasm was non-responsive to standard treatments with NSAIDs and exercise. Therefore the request is not certified.