

<b>Case Number:</b>	CM14-0005771		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Internal 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:

This is a 55-year-old male with a 3/9/2001 date of injury. A specific mechanism of injury was not described. On 1/10/14 a modified certification was rendered. There was certification of ibuprofen and Cymbalta, and non-certification of Norco, Lunesta, and Wellbutrin. Reasons for non-certification included, regarding Norco, no submission of details about the patient's risk assessment profile and attempt at weaning/tapering, and the results of urine drug tests done. Regarding Lunesta, there was no indication of sleep disturbances and no evidence of efficacy. Regarding Wellbutrin, a modified certification was done to allow generic Wellbutrin XL 150mg #30. 12/30/13 medical report identifies that the patient cannot function without medication for pain. She reports 50% functional improvement or better with the medications, versus not taking them at all. The patient has been on ibuprofen 2-3 tabs a day, Norco about 6 per day, Lunesta for insomnia, Cymbalta at night for musculoskeletal pain and depression, and Welbutrin XL 150mg in the morning for depression. There is also indication that the patient is under narcotic contract and urine drug screens have been appropriate. The pain continued to be severe, stabbing like pain in the right side of the back that radiates down her leg. 7/23/13 report indicated that Wellbutrin XL is for reactive depression, which she states keeps her mood upbeat. Affect was appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Page(s): 79-80. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 [http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf).

**Decision rationale:** The medical records reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. The patient continues with chronic pain, and although it appears that there has been chronic opioid use, there is 50% functional improvement or better with the use of medications. The patient is under appropriate pain contract and there is regular medication monitoring. Medical necessity for the requested item has been established. The requested item is medically necessary.

**LUNESTA 3MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists).

**Decision rationale:** While there is indication that Lunesta is taken for insomnia, yet, there is no clear indication on the medical records of the specific sleep difficulties, such as with sleep initiation, sleep maintenance, etc. It is not clear for how long the patient has been on this medication and the specific benefits related to such. It is also unclear if the patient is following a sleep hygiene regimen and has been insufficient to address the patient's sleep difficulties. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**WELLBUTRIN XL 150MG #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) (MENTAL ILLNESS AND STRESS CHAPTER), ANTIDEPRESSANTS, BUPROPION.

**Decision rationale:** The prior review also described a psychological condition including depression with an overlay of chronic pain. The patient takes 60 mg of Cymbalta at night and Wellbutrin 150 mg in the morning for depression. The patient's mood is appropriate and upbeat.

CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. There was a recommendation to certify Wellbutrin 30 tablets and that recommendation is upheld. Medical necessity for the requested item has been established. The requested item is medically necessary.