

<b>Case Number:</b>	CM14-0102634		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 40-year-old male with a date of injury of 08/01/2012. The listed diagnoses per [REDACTED] are: 1. Chronic intractable lower back pain. 2. Degenerative disk disease, lumbar spine. 3. Disk herniation, lumbar spine. 4. Radiculitis, bilateral lower extremity, left extremity L4, L5, and S1. 5. Neuropathic pain. 6. Greater trochanteric bursitis, bilateral hips. 7. Depression. According to the 05/30/2014 progress report, the patient presents with pain in both hips as well as significant pain in his low back with radiculitis down his left lower extremity. Examination revealed positive tenderness in the paralumbar musculature and positive muscle spasms. There was positive straight leg raise with diminished sensation at L4, L5, and S1 nerve root distributions. The treater is requesting for a refill of medications including Wellbutrin 150 mg #30 and Tramadol ER 150 mg #60. Utilization review denied the request on 06/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-14, 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS on Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with significant pain in his low back with radiculitis down his left lower extremity and pain in both hips. The provider is requesting for a refill of Wellbutrin 150 mg #30. The MTUS guidelines regarding antidepressants page 13 to 15 states, "while bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patients with non-neuropathic chronic low back pain." This patient meets the indication for this medication as medical records document neuropathic pain and depression. In addition, the provider states that medications are giving him both functional improvement and pain relief. This request is medically necessary.

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Therapeutic Trial Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with significant pain in his low back with radiculitis down his left lower extremity and pain in both hips. The provider is requesting for a refill of Tramadol ER 150 mg #60. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. On 04/25/2014, provider noted that "medications are giving him both functional improvement and pain relief." In this case, the provider does not provide a pain scale, specific functional improvement, changes in ADLs, or improvement in quality of life with taking Tramadol. Besides the general statement that "medications are giving him both functional improvement and pain relief," there are no specifics to warrant long-term Tramadol use. Given the lack of sufficient documentation for opiate management, this request is not medically necessary.