

<b>Case Number:</b>	CM14-0106354		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/09/1988
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old male with an 11/9/88 date of injury. At the time (6/4/14) of request for authorization for 1 Prescription Of Flurbiprofen 25%/Capsaicin 0.0275% 30gm, 1 Prescription Of Flurbiprofen 25%/Lidocaine 5% 30gm, 2 Prescriptions Of Methadone 10mg #120 With 1 Refill, 2 Prescriptions Of Sonata 10mg #60, and 1 Prescription Of Wellbutrin Sr 150mg #120, there is documentation of subjective (back pain is under control, back pain described as aching and constant, pain rated 5/10 with medications, and able to help wife and care for home) and objective (tender at lumbar spine, tender at facet joint, decreased flexion, extension and lateral bending, and right sacroiliac joint and tender left sacroiliac joint) findings, current diagnoses (lumbago), and treatment to date (medications (including ongoing treatment with Methadone and Wellbutrin). Regarding 1 Prescription Of Flurbiprofen 25%/Capsaicin 0.0275% 30gm, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding 2 Prescriptions Of Methadone 10mg #120 With 1 Refill, there is no documentation that the potential benefit outweighs the risk, that Methadone is being prescribed by providers with experience in using it, that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methadone use to date. Regarding 2 Prescriptions Of Sonata 10mg #60, there is no documentation of insomnia and the intention to treat over a short course. Regarding 1 Prescription Of Wellbutrin Sr 150mg #120, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an

increase in activity tolerance; and/or a reduction in the use of medications as a result of Wellbutrin use to date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription Of Flurbiprofen 25%/Capsaicin 0.0275% 30gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (compound).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of a diagnosis of lumbago. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 25%/Capsaicin 0.0275% 30gm is not medically necessary.

#### **1 Prescription Of Flurbiprofen 25%/Lidocaine 5% 30gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (compound).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of lumbago. However, the requested 1 Prescription Of Flurbiprofen 25%/Lidocaine 5% 30gm contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription Of Flurbiprofen 25%/Lidocaine 5% 30gm is not medically necessary.

#### **2 Prescriptions Of Methadone 10mg #120 With 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbago. In addition, there is documentation of moderate pain and methadone as a second-line drug. However, there is no documentation that the potential benefit outweighs the risk and that Methadone is being prescribed by providers with experience in using it. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Methadone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for 2 Prescriptions Of Methadone 10mg #120 With 1 Refill is not medically necessary.

**2 Prescriptions Of Sonata 10mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia treatment

**Decision rationale:** MTUS does not address this issue. ODG identifies Zaleplon (Sonata) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. Within the medical information available for review, there is documentation of a diagnosis of lumbago. However, there is no documentation of insomnia and the intention to treat over a short course (up to 7-10 days). Therefore, based on guidelines and a review of the evidence, the request for 2 Prescriptions Of Sonata 10mg #60 is not medically necessary.

## **1 Prescription Of Wellbutrin Sr 150mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of a diagnosis of lumbago. In addition, there is documentation of chronic pain. However, given documentation of ongoing treatment with Wellbutrin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Wellbutrin use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription Of Wellbutrin Sr 150mg #120 is not medically necessary.