

<b>Case Number:</b>	CM14-0157891		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/05/1994
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 67 a year old female who has a work injury dated 10/5/94. Her diagnoses include pseudoarthrosis with sacralization of the lumbar spine and lumbar fusion, date unknown. Under consideration is a request for Wellbutrin 300mg x 2 refills; Lidoderm Patches x 2 refills; Vicodin 5-300mg #50 x 2 refills. There is a 2/21/14 progress note that states that the patient has had returned and has had some improvement in her symptoms since last visit. Through her private insurance, she had one chiropractic treatment. She has gotten Flexeril from her primary care physician as apparently Skelaxin was denied. She is uncertain if this is a 5 or 10 mg dose. She does find the combination helpful and acknowledges she is back exercising again at Curves. Bowel and bladder control are intact. Her medications for her workers' compensation claim remain stable-Wellbutrin XL 300 mg a day, Lidoderm patches, and hydrocodone with acetaminophen 5/500 using them as needed; 50 pills were given in December, and she is getting low on these. On examination, she remains neurologically stable with intact sensation L3 through S1 bilaterally, strength L3 through S1, and reflexes at the knees and ankles. She has pseudoarthrosis site when she fell at work, having undergone fusion at L5-S1. This operation was done 14 years ago. She has managed with medications and chiropractic care. At this time, her chiropractic treatment has been disallowed. She has been in conversation with her attorney in terms of trying to get reestablished with a chiropractor who had been her primary provider for this workers' compensation claim. At this time, she has been given a new prescription for the extended-release bupropion 300 mg, a new prescription for the Hydrocodone with Acetaminophen 5/300 with a discussion about the use of Tylenol. There is a 5/22/14 progress report that states that she reports intermittently a sense that her back is unstable. She is reporting some increase in pain and comments that she has not had chiropractic treatment for over a year.

Functionally, she continues to report that she sits anywhere from 45 to 60 minutes and walks anywhere from 15 to 60 minutes. Bowel and bladder control are intact. She is not sleeping well. She has been somewhat variable in her exercise regimen; her medications remain stable, Wellbutrin sustained-release 300 mg a day, Lidoderm patches on twelve hours, off twelve hours as needed, hydrocodone with acetaminophen 5/now 300 and Flexeril, prescribed by her primary care physician as needed. On examination she does remain neurologically stable, with intact strength, sensation, and reflexes in the upper and lower extremities bilaterally. She continues to manage her chronic pain situation. Her diagnosis is a pseudoarthrosis with sacralization of the lumbar spine, becoming symptomatic when she fell at work. Improved with lumbar fusion surgery. There is a request authorization for her Flexeril 5 mg pills to take one or two every 8 hours as needed for muscle spasm.

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

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

**Wellbutrin 300mg x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin); Antidepressants for chronic pain Page(s): 13 and 16.

**Decision rationale:** Wellbutrin 300mg x 2 refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Bupropion has shown some efficacy in neuropathic pain but the guidelines states that there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. The guidelines state that in regards to antidepressants for chronic pain an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The documentation does not indicate that the patient has evidence of neuropathic pain or has had functional improvement or benefit from prior Bupropion. There is no documentation of depression. The request for Wellbutrin 300mg x 2 refills is not medically necessary.

**Lidoderm Patches x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

**Decision rationale:** Lidoderm Patches x 2 refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Lidoderm is the brand

name for a Lidocaine patch produced by [REDACTED]. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The documentation does not indicate failure of first-line therapy or post herpetic neuralgia. There is no evidence of functional improvement or improved pain despite prior Lidoderm use in the documentation submitted. The request for Lidoderm Patches x 2 refills is not medically necessary.

**Vicodin 5-300mg #50 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management; when to Discontinue Opioids Page(s): 78 and 79.

**Decision rationale:** Vicodin 5-300mg #50 x 2 refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation is not clear on the benefits of prior Vicodin use. The MTUS Guidelines state that 4 domains for chronic opioid use should be documented. They have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate these domains or significant functional improvement or improvement in pain. Without this clear documentation and improvement in pain or function the request for Vicodin 5-300mg #50 x 2 refills is not medically necessary.