

Case Number:	CM14-0023936		
Date Assigned:	07/02/2014	Date of Injury:	12/21/2007
Decision Date:	08/05/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 45 year-old patient sustained an injury on December 21, 2007 while employed by [REDACTED]. Request under consideration include 1 prescription of trazodone 50mg #60 and 1 prescription of wellbutrin xl 150mg #60. Diagnoses include Lumbago. The patient continues to treat for complaints of low back pain, peripheral neuropathy in the lower extremities along with psychological issues. There is report dated May 6, 20 13 from psychologist noting patient has been active in group psychotherapy. Report of May 23, 2013 from psychologist noted patient was participating in cognitive behavioral pain management psychotherapy. The patient will have lapse in treatment due to family matters and will not have follow-up until August. Report of October 1, 2013 from the provider noted patient with persistent low back pain which radiate to lower extremities. The patient continues in psychotherapy. Current medications list Tramadol, Acetadryl, Lyrica, and Wellbutrin 300 mg. Brief exam only recorded ongoing tenderness to lumbar paraspinal muscles; neurologically, he is intact. Diagnoses include low back pain s/p discectomy and fusion at L5-S1 in 2008 and 2009 with subsequent hardware removal in 2010; EMGNCV essentially normal results with hint of early peripheral neuropathy however no evidence of radiculopathy or plexopathies. Treatment plan included continuing with Tramadol, Wellbutrin and Lyrica and continue with psychotherapy and internal medicine. Previous treatment requests for Wellbutrin was non-certified on December 9, 2013 and on December 14, 2013. Report of January 21, 2014 from the provider noted patient with low back pain associated with intermittent radiating pain into bilateral lower extremities. Current medications provide improved sleep latency and duration. Treatment included Trazodone for insomnia and Wellbutrin for neuropathic pain. Request(s) for 1 prescription of Trazodone 50mg #60 and 1 prescription of Wellbutrin xl 150mg #60 were non-certified on February 20, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TRAZODONE 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: The California MTUS Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. There are no evidence-based studies showing indication or efficacy for treatment of trazodone in insomnia. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury 2007. Trazodone 25 mg is not medically necessary and appropriate.

1 PRESCRIPTION OF WELLBUTRIN XL 150MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: Although Wellbutrin (Bupropion), a second generation non-tricyclic antidepressant has been shown to be effective in the treatment of neuropathy, there was no evidence of efficacy in patients with non-neuropathic chronic low back pain. Submitted reports have not adequately demonstrated any specific objective findings of neuropathic pain on clinical examination and electrodiagnostic studies was essentially unremarkable. There is also no documented failed first-line treatment with tricyclics to support for this second-generation non-tricyclic antidepressant, Wellbutrin that has been non-certified previously. Reports have not shown any functional benefit from previous treatment rendered for this chronic injury of 2007. The request is not medically necessary.