

<b>Case Number:</b>	CM14-0024704		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/22/2002
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 42-year-old female who reported an injury on 07/22/2002, which reportedly hurt her back. Prior treatments included physical therapy, behavioral medication, surgery and psychiatric therapy. In 01/2006, the injured worker underwent a C5-7 fusion. On 10/02/2013, the injured worker underwent a urine screen that was positive for Oxycodone. On 03/24/2014, it was reported that the injured worker was going through extreme stress and her medications were denied. It was noted the injured worker was suffering from withdrawal of her antidepressant. She had difficulty sleeping due to the pain and her pain level was rated at 8/10 to 9/10. The physical examination of the cervicospinal revealed limited range of motion was 40% of normal and a positive Spurling's test on both sides. The neurological physical examination revealed bilateral upper and lower extremities strength was a 5/5, deep tendon reflexes was positive 2 with the exception of bilateral biceps and brachioradialis was a positive 1. She had decreased sensation bilaterally at C5 through C7 dermatomes. The Babinski was down going. The medications included Opana ER 40 mg, Roxicodone 30 mg, Keppra 500 mg, Wellbutrin XR 300 mg, Zanaflex 4 mg, and Mira LAX powder and docusate. The diagnoses included chronic cervical pain, status post C5-7 decompression and spinal fusion has active bilateral C5-6, C6 on C7 radiculopathies, severe cervicogenic headaches, severe psychosocial stressors, and bilateral temporomandibular joint pain. The request was for Bupropion and Levetiracetam. The rationale was not provided. The authorization for request was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levetiracetam 500mg tablet #120 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drugs (AEDs) Page(s): 16, 17&22.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Levetiracetam is recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized control trial (RCTs) for the use of this class of medication for neuropathic pain has been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. In the interim, these agents should be used to treat neuropathic pain only when Carbamazepine, Gabapentin, Or Lamotrigine cannot be used. (Guay, 2003) In addition, underlying depression and anxiety symptoms may be exacerbated by Levetiracetam. The diagnoses included chronic cervical pain, status post C5-7 decompression and spinal fusion, has active bilateral C5-6, C6 on C7 radiculopathies, severe cervicogenic headaches, severe psychosocial stressors, and bilateral temporomandibular joint pain. The documentation that was provided was not clear why Levetiracetam is required at this point, as there was no current clinical documentation available for review with current clearly detailed objective physical examination findings. In addition, there was no documentation of specific objective neuropathic pain condition occurring involving a diabetic neuropathy or postherpetic neuralgia to support the need for the Levetiracetam based on the guideline criteria. In addition, the request that was submitted did not include frequency or duration. Given the above, the request for Levetiracetam 500mg tablet #120 with 5 refills is not medically necessary and appropriate.

**Bupropion HCL 300mg XL tablet #40 with 2 refills:** Upheld

**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 Bupropion (Wellbutrin) Page(s): 16.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Bupropion is a second generation non-tricyclic antidepressant (noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that Bupropion is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI (Serotonin-Norepinephrine Reuptake Inhibitor). The documents provided lack evidence as to why the

Bupropion HCL would be required at this point and what specific overall functionality had been achieved with this medication as opposed to functionality without it. In addition, there was also no documentation of any specific objective severe depression condition occurring to support the need for this antidepressant treatment. There was no evidence documented if the injured worker previously failed an initial course of tricyclic. The request for Bupropion HCL did not include the frequency of duration. Given the above, the request of Bupropion HCL 300mg XL tablet #40 with 2 refills is not medically necessary and appropriate.