

<b>Case Number:</b>	CM14-0030985		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 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 59-year-old male with a 10/15/09 date of injury and status post L5-S1 laminectomy and foraminotomy on 1/31/12. At the time (2/21/14) of the Decision for Wellbutrin 100mg, #90 with 3 refills, Norco 10/325 mg, #180, and Exalgo 8mg, #120, there is documentation of subjective (chronic low back pain rated as an 8 out of 10 with stiffness radiating to the bilateral lower extremities) and objective (decreased sensation over the L5 and S1 dermatomes, positive pelvic thrust on the left, pain with Valsalva, positive Faber's maneuver bilaterally, tenderness to palpation over the L4-5 and L5-S1 facet joints with secondary myofascial triggering, and positive straight leg raise testing on the left) findings, current diagnoses (low back pain, probable stenosis with disc disruption, sacroiliac joint pain, and status post L5-S1 laminectomy and foraminotomy), and treatment to date (ongoing therapy with Wellbutrin, Norco, and Exalgo since at least 10/21/13).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 100mg, #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16.

**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 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 diagnoses of low back pain, probable stenosis with disc disruption, sacroiliac joint pain, and status post L5-S1 laminectomy and foraminotomy. In addition, there is documentation of chronic pain. However, given documentation of ongoing treatment with Wellbutrin since at least 10/21/13, 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 use of Wellbutrin. Therefore, based on guidelines and a review of the evidence, the request for Wellbutrin 100mg, #90 with 3 refills is not medically necessary.

**Norco 10/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** 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 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 diagnoses of low back pain, probable stenosis with disc disruption, sacroiliac joint pain, and status post L5-S1 laminectomy and foraminotomy. In addition, there is documentation of severe chronic pain. However, 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. In addition, given documentation of ongoing treatment with Norco since at least 10/21/13, 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 use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg, #180 is not medically necessary.

**Exalgo 8mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain (updated 01/07/14) Exalgo (hydromorphone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Exalgo (hydromorphone).

**Decision rationale:** 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 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 moderate to severe pain in opioid-tolerant patients requiring continuous, around-the-clock opioid analgesia for an extended period of time; and failure of a first line drug, as criteria necessary to support the medical necessity of Exalgo. Within the medical information available for review, there is no documentation of an opioid-tolerant patient requiring continuous, around-the-clock opioid analgesia for an extended period of time; and failure of a first line drug. 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 Exalgo since at least 10/21/13, 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 use of Exalgo. Therefore, based on guidelines and a review of the evidence, the request for Exalgo 8mg, #120 is not medically necessary.