

<b>Case Number:</b>	CM14-0037379		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 and 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:

The injured worker is a 50-year-old female who reported an injury on 08/29/2008. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar radiculopathy, lumbar degenerative disc disease, lumbar degenerative joint disease, chronic lumbar strain. The previous treatments included an EMG/NCV, medication and epidural steroid injections. Within the clinical note dated 03/19/2014, it was reported the injured worker complained of back pain radiating from the low back down both legs and lower backache. Upon the physical examination, the provider noted the injured worker's range of motion was restricted with flexion limited to 65 degrees limited by pain, and extension at 10 degrees and limited by pain. The injured worker had tenderness to palpation upon the paravertebral muscles noted on both sides. The injured worker had positive facet loading on the left side. The injured worker rated her pain 5/10 to 6/10 in severity. The provider requested Ultracet for pain and Wellbutrin for the ability to interact better with those around her. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultraset 37.5-325 mg every 4-6 hours as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The injured worker complained of back pain radiating from low back down both legs, with lower backache. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment. The injured worker had been utilizing the medication since at least 01/2013. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.

**Wellbutrin XL 150 mg 2 tablets daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pains Page(s): 13, 16.

**Decision rationale:** The injured worker complained of back pain radiating from low back down both legs, and lower backache. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. Wellbutrin is a second generation non tricyclic antidepressant and has been shown to be effective in relieving neuropathic pain of different etiologies in small trials. While Wellbutrin has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of medication requested. There is a lack of documentation indicating the injured worker is treated for or diagnosed with neuropathic pain. Therefore, the request is not medically necessary.