

<b>Case Number:</b>	CM14-0076018		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/01/2000
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old female who was cumulatively injured leading up to 3/1/2000. She was diagnosed with left knee internal derangement, carpal tunnel syndrome, and thoraco-lumbar myofascial syndrome. She was treated with surgery (right wrist, left knee), physical therapy, muscle relaxants, anti-inflammatories, and analgesic medications. On 9/5/14, the worker was seen by her primary treating physician for a weight and blood pressure check. She weighed 201 lbs. with a blood pressure of 110/74 and a pulse of 100. No physical examination documented. She was then recommended she decrease her weight in order to decrease her left knee pain. No medication list was documented at the time. She was then recommended to use Bupropion XL, Soma, baclofen, and hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion XL150 mg, Date of Service: 9/05/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Bupropion has been shown to help relieve neuropathic pain and may be recommended as a third line medication for neuropathy who may have not had a response to a tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor). Bupropion is also recommended as a first-line treatment option for major depressive disorder. In the case of this worker, it was not clear based on the notes available for review if the worker had been using this medication prior to the request or not as her medications were not listed in previous in recent progress notes. There was not any clear evidence from physical examination findings or a diagnosis code that suggested she had neuropathy that was being treated with this medication. Also, there was no evidence of her having depression which also might warrant he using this medication. Without clear and sufficient documentation for the reviewer to assess the request, the bupropion is medically unnecessary. Also, no number of pills was requested.

**Baclofen 10mg, date of service 09/05/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence of an acute flare-up of her pain which might warrant using Carisoprodol or baclofen for a short duration. If the worker had been using these medications chronically, which is not clear in the documents provided for review, then this is not recommended. Therefore, baclofen is not medically necessary or appropriate.

**Hydrocodone/Acetaminophen 7.5/325mg, date of service: 9/05/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. It is not clear in this case if the worker was using this medication chronically as her medication list was not provided from the recent previous progress notes. However, there was also no report on this medication's functional or pain-reducing benefits, if the worker had been using it before this request. Also, there was no number of pills requested. Therefore, the hydrocodone is not medically necessary.

**Carisoprodol 350mg, date of service 09/05/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence of an acute flare-up of her pain which might warrant using Carisoprodol or baclofen for a short duration. If the worker had been using these medications chronically, which is not clear in the documents provided for review, and then this is not recommended. Therefore, Carisoprodol is not medically necessary or appropriate.

**Lyrica 100mg, date of service 9/5/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti epilepsy drug Page(s): 28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling

is advised for women of childbearing years before use, and this must be documented. It is not clear in the case of this worker, if she had been using this medication chronically previous to this request. However, without any evidence of neuropathic pain or the functional and pain-reducing benefits related to the use of Lyrica, it is not medically necessary.