

Case Number:	CM14-0094806		
Date Assigned:	07/25/2014	Date of Injury:	06/23/2011
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 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:

The injured worker is a 39 year old male injured on 06/23/11 due to overexertion after lifting a sliding door. The injured worker was diagnosed with lumbar disc displacement and depression with anxiety. The injured worker was status post L4-5 and L5-S1 bilateral revision decompressions, partial medial facetectomies, and foraminotomies on 08/11/11. Clinical note dated 06/25/14 indicated the injured worker presented unchanged from previous evaluation complaining of low back pain radiating to the left lower extremity. The injured worker also complained of problems with urinary control, urge incontinence, and ongoing depression. The injured worker reported utilizing coping mechanisms including yoga and tai chi which had been beneficial. Objective findings included frequently shifting from sitting to standing, slight antalgic gait to the left and diminished sensation along the L5-S1 distribution. Medications included Bupropion SR 150mg one tablet QD, Lyrica 75mg one tablet QHS, Omeprazole DR 20mg one tablet QD, Lunesta 3mg one tablet QHS, and Butalbital-caffeine-acetaminophen-codeine 50-325-40-30mg one tablet QD. The injured worker reported 8/10 pain when active and 7/10 when resting. The injured worker utilized expensive psychotherapy including group therapy and individual therapy with psychiatrist for ongoing significant anxiety and depression. Initial request for three tablets of Bupropion SR 150mg, three tablets of Lyrica 75mg, and 30 tablets of Lunesta 3mg were non-certified on 06/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Bupropion SR 150mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

Decision rationale: As noted on page 27 of the Chronic Pain Medical Treatment Guidelines Wellbutrin is recommended as an option for the treatment of neuropathic pain. While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. The documentation indicates the injured worker has ongoing issues with depression in addition to neuropathic pain; as such, the use of Wellbutrin in this situation is recommended for treatment of both conditions. As such, the request for 30 Tablets of Bupropion SR 150mg is recommended as medically necessary.

30 Tablets of Lunesta 3mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eszopiclone (Lunesta).

Decision rationale: As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The injured worker has exceeded the recommended treatment window. As such, the request for 30 Tablets of Lunesta 3mg cannot be recommended as medically necessary.

30 Tablets of Lyrica 75mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for 30 Tablets of Lyrica 75mg is recommended as medically necessary at this time.

