

Case Number:	CM14-0184729		
Date Assigned:	11/12/2014	Date of Injury:	06/30/1994
Decision Date:	02/05/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational 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:

Injured worker is a female with date of injury 6/30/1994. Per pain management re-evaluation report dated 7/25/2014, the injured worker complains of 5-6/10 low back pain with radiation into the posterior lateral right lower extremity and anterior left lower thigh. She has been stable on her current pain medication regimen. On examination there is mild but improved tenderness to palpation of the lumbar paravertebral musculature. Range of motion is limited particularly with extension due to pain. There is decreased discrimination to light touch over the left anterior thigh and the right posterior lateral lower extremity into the ankle. Diagnoses include 1) post laminectomy lumbar 2) lumbar or thoracic radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg #30, refilled on 10/14/14: Upheld

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

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

Decision rationale: The MTUS Guidelines do not address the use of Zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use Zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for Zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The injured worker has been prescribed Zolpidem for at least several months consecutively. The request for Zolpidem 5mg 1 by mouth daily, #30-refilled 10/14/14 is determined to not be medically necessary.

Wellbutrin SR 150mg#30, refilled on 10/14/14: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of Wellbutrin as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, 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. The medical notes have some inconsistencies where the injured worker is reported to not have anxiety or depression, but then the notes indicate that injured worker reports depressive symptoms related to chronic pain and current condition. The functional restoration program reportedly does not have psychiatry available. This injured worker is noted to be taking Amitriptyline and Wellbutrin, and the use of these medications is not discussed in the medical notes as to the intention of use, or the specific efficacy and side effects of these medications. Per the MTUS Guidelines, the use of Wellbutrin would be a reasonable choice following failure of Amitriptyline. Medical necessity for this request has not been established. The claims administrator modified the request to allow for weaning. The request for Wellbutrin SR 150mg #30, refilled on 10/14/14 is determined to not be medically necessary.