

Case Number:	CM14-0208159		
Date Assigned:	12/22/2014	Date of Injury:	06/30/1994
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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:

The work related injury occurred on June 30, 1994. As a result of the injury, the injured worker underwent multiple lumbar spine surgeries, has postlaminectomy pain syndrome with chronic or extremity radiculopathy and she is status post spinal cord stimulator implantation. She has completed the functional restoration program and continues physical therapy 3 times a week. While the injured worker still has low back pain at a level of 5-6/10, she is stable on her current pain medication regimen. Pain is characterized as radiating into the right lower extremity and anterior left lower thigh; constant, intermittent, sharp, aching, stabbing, throbbing, pressure and shooting. Current medications include Lidoderm Patch, Ambien 5mg 1 daily, Wellbutrin SR 150mg 1 daily, Nabumetone 500mg 1 every 8 hours, Amitriptyline HCl 50mg 2 daily. On the review of systems, the injured worker indicated positive for incontinence. The physical exam notes for visits with the primary treating physician from 5/2/14-11/14/14 indicate mild back pain with tenderness to palpation of lumbar paravertebral musculature, with limited range of motion with extension, with decreased discrimination to light touch over left anterior thigh and right posterior lateral lower extremity into the ankle. A urinary drug screen was done on May 2, 2014 and was positively appropriate. The diagnoses for the injured worker are post laminectomy lumbar and lumbar or thoracic radiculopathy. The primary treating physician's plan for the injured worker is to continue with prescribed medications and to request a CBT evaluation for depression symptoms related to chronic pain and condition. She will also need a battery replacement for her spinal cord stimulator. The treating physician indicates in office visit notes from 11/14/14 indicates IW is in the midst of a slow wean to decrease Zolpidem 5mg from #30 to #16.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpiden 5 mg # 16: 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)

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

Decision rationale: According to cited Official Disability Guidelines (ODG) guideline (CA MTUS does not address this medication specifically) Zolpidem is approved for short-term use for treatment of insomnia. Continued long-term use has limited efficacy in managing insomnia and increases risk of depression, dependence and abuse. Additionally there is no mention in the provided medical records that insomnia is an active medical problem related the initial industrial injury. Consequently, the provided medical records and clinical guidelines do not support continued use of Zolpidem. Therefore, this request is not medically necessary.

Wellbutrin SR 150 mg #30: Overturned

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

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

Decision rationale: According to MTUS guidelines Bupropion (wellbutrin) is a second generation non-TCA that has been shown to be "effective in relieving neuropathic pain of different etiologies". It is recommended in treatment of neuropathic chronic pain, specifically "when patients have not had a response to a tricyclic or SNRI". As noted in the initial utilization report, the patient is also on a tricyclic antidepressant, amitriptyline for treatment of his chronic neuropathic pain. The UR report opines that this is a reason not to approve a second antidepressant in treating the patient's chronic neuropathic pain as the injured worker is already on a different agent. However, in this case, based on the guidelines adding a non-TCA antidepressant is appropriate treatment of the continued chronic neuropathic pain. Consequently, based on the provided records and cited guidelines, treatment with Wellbutrin at the requested dosage is medically necessary.