

<b>Case Number:</b>	CM14-0209682		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/19/2002
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Practice 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 injured worker is a 57 year-old female who was injured on 7/19/02 when she fell and landed on both hands. She felt pain in neck and low back radiating to left leg and foot. She complains of chronic left leg weakness, giving out on her while walking. She uses a cane to ambulate intermittently. A lumbar MRI revealed a left eccentric hypertrophic ossification at L5- S1 resulting in severe left neuroforaminal narrowing and compression of the left exiting L5 nerve root. A 6/2014 CT lumbar spine showed post-op changes from L4-S1 posterior fusion, solid osseous bridging across the disc spaces and centric hypertrophic ossification of the left side of L5-S1 causing severe left-sided stenosis and nerve compression. She was diagnosed with lumbosacral spondylosis without myelopathy, lumbago, and thoracic/lumbosacral radiculitis. She has a seroma pushing on her thecal sac. Her treatment included medications, injections, and surgery without relief of pain. In 4/2009, she had L4-S1 lumbar decompression with interbody instrumented fusion. In 9/2009, she had re-exploration of the previous fusion and left-sided instrumentation removal. She developed depression, anxiety and changes in sleep due to her injury. She complains of difficulty concentrating, constant fatigue, poor memory, and irritability. The current request is for Modafinil, Diazepam, Wellbutrin XL, Gabapentin, and Paxil which were denied by utilization review on 11/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Modafinil 100mg quantity 180:** Upheld

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

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

**Decision rationale:** ODG guidelines were referenced as MTUS does not address the use of modafinil. Modafinil is used to treat excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder which the patient has not been diagnosed with. She suffers from sleep disorder due to depression and anxiety. There is no documented rationale as to why this medication was prescribed. Therefore, the request is not medically necessary.

**Diazepam 10mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Muscle Relaxants Page(s): 24, 66.

**Decision rationale:** Valium is not medically necessary by MTUS guidelines. The patient had been taking it for over a year and according to guidelines, it is not recommended for long-term use as long-term efficacy is unproven and there is a high risk of dependency. Tolerance to muscle relaxant effects occurs within weeks. There is no benefit to taking benzodiazepines over other muscle relaxants for treatment of spasms. The patient does not have documented muscle spasms. It is also not first-line for the treatment of depression. Therefore, the request is not medically necessary.

**Wellbutrin XL 150mg quantity 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page(s): 13-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

**Decision rationale:** According to MTUS guidelines, wellbutrin has been shown to be effective in relieving neuropathic pain but there is no evidence of efficacy in treating non-neuropathic chronic low back pain. The patient has neuropathic pain from hypertrophic ossification of the left side of L5-S1 causing severe left-sided stenosis and nerve compression. The patient also suffers from severe mood disorder which can be treated with Wellbutrin. Therefore, the request is medically necessary.

**Gabapentin 300mg quantity 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin, Page(s): 16-19, 49.

**Decision rationale:** Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. One of the side effects is sedation which was experienced by the patient according to the chart due to her mood disorder. The patient will be certified for Wellbutrin which can be effective for neuropathic pain and treat depression as well. It is unclear if the patient is currently taking Gabapentin and what her response is to the medication. In order to avoid polypharmacy, it is beneficial to see her response to treatment before adding additional medications. Therefore, the request is not medically necessary.

**Paxil 40mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16..

**Decision rationale:** It is unclear if the patient is on Paxil at this point and what her response is. The patient has been described as having severe depression and anxiety symptoms, mostly in the utilization review. There are no progress notes describing psychological evaluation and her treatment. In order to avoid polypharmacy, it is beneficial to see her response to treatment before adding additional medications. Because Wellbutrin will be certified and will treat both her neuropathic pain and potentially her depression, the request for Paxil is not medically necessary.