

<b>Case Number:</b>	CM15-0142934		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/24/1997
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 59 year old male who sustained an industrial injury on 12-24-97. The initial complaints and nature of the injury are not available in the medical records. The injured worker continues to complain of back and leg pain, rating the pain "6-7 out of 10". The most recent PR-2 indicates that his "condition remains the same". He has been diagnosed with Lumbago and Lumbosacral Neuritis. The injured worker reports that he is currently attending acupuncture and exercises, in the form of "pool walking", three times per week for 30 minutes. He reports that he "needs assistance with some shoes". He is currently receiving Norco for pain with noted improvement of self-care and walking. He also receives Wellbutrin for "depression", with noted reduction of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Wellbutrin SR 100mg #120:** 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) Mental chapter and pg 21.

**Decision rationale:** According to the guidelines, Wellbutrin is indicated as 1st line for depression. However, behavioral intervention, depression evaluation and assessments are noted to justify the use of Wellbutrin. The continued use of Wellbutrin is not medically necessary.