MAXIMUS Federal Services

Case Number:	CM15-0144669		
Date Assigned:	08/05/2015	Date of Injury:	06/01/2012
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 60-year-old male who sustained an industrial injury on 6-1-12. He had complaints of pain in both feet. He was diagnosed with neuropathy of his feet. Progress report dated 6-4-15 reports severe flare up of pain in his right foot. The pain is constant and achy. He is only able to walk on his heel for short distances. The pain went up to 8 out of 10, today the pain is 5-6 out of 10 and baseline is 4 out of 10. The injection done at the last visit did not help. He has also had moderate to severe neck and leg muscle spasms. He states the lidoderm does not help relieve the pain and he has not tried capsaicin. He has decreased sensation in both feet. Diagnoses include bilateral foot pain and neuropathic foot pain. Plan of care includes: continue Voltaren gel 1% 100 gm, #5 apply every 6 hours for pain, discontinue lidoderm, start capsaicin cream 0.075% cream three times per day, start robaxin 500 mg every 6 hours as needed, #120 and request for bilateral auxiliary crutches for mobility. Work status: remain off work until next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin Sr 150mg #60: 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 section, Wellbutrin.

Decision rationale: Pursuant to the Official Disability Guidelines, Wellbutrin SR 150 mg #60 is not medically necessary. Wellbutrin is recommended as an option after other agents. While Wellbutrin has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Bupropion is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to a tri-cyclic or SNRI (antidepressant). Wellbutrin is second-generation non-tri-cyclic antidepressants. See the guideline for additional details. In this case, the injured worker's working diagnoses are bilateral foot pain; and neuropathic pain. The date of injury is June 1, 2012. Request for authorization is dated June 23, 2015. The earliest progress note in the medical record containing a Voltaren gel prescription is dated December 11, 2014. There is no documentation of Wellbutrin. The most recent progress in the medical record is dated June 4, 2015. Subjectively, the injured worker complains of a flare of pain in the foot with an inability to walk. Lidoderm is not helping. Objectively, there is decreased sensation to palpation. There is no documentation in the treatment plan or progress note documentation with a clinical discussion, indication or rationale for Wellbutrin. Wellbutrin is not indicated for neuropathic pain. Consequently, absent guideline recommendations for Wellbutrin for neuropathic pain and a clinical indication and rationale documented in the medical record, Wellbutrin SR 150 mg #60 is not medically necessary.

Voltaren Gel 1% 5 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% #5 gel tubes are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are bilateral foot pain; and neuropathic pain. The date of injury is June 1, 2012. Request for authorization is dated June 23, 2015. The earliest progress note in the medical

record containing a Voltaren gel prescription is dated December 11, 2014. There is no documentation of Wellbutrin. The most recent progress in the medical record is dated June 4, 2015. Subjectively, the injured worker complains of a flare of pain in the foot with an inability to walk. Lidoderm is not helping. Objectively, there is decreased sensation to palpation. There is no documentation in the medical record of osteoarthritis pain. Voltaren gel was prescribed in the earliest progress note dated December 11, 2014. The start date is not specified in the medical record. There is no documentation demonstrating objective functional improvement. There is no clinical indication for rationale for Voltaren gel in the medical record. Consequently, absent clinical documentation of osteoarthritis pain and a clinical indication and rationale for Voltaren gel and documentation demonstrating objective functional improvement, Voltaren (Diclofenac) gel 1% #5 gel tubes is not medically necessary.