

Case Number:	CM15-0148428		
Date Assigned:	08/11/2015	Date of Injury:	07/26/1994
Decision Date:	09/10/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who sustained industrial injuries on July 26, 1994 resulting in low back pain with left lower extremity paresthesias. She was diagnosed with spinal stenosis of the lumbar region, lumbar radiculopathy, and lumbago. Documented treatment has included activity modification, lumbar translaminar epidural steroid injection, and medication, but the injured worker reports worsened pain and a decrease in her ability to perform activities of daily living. The treating physician's plan of care includes Bupropion XL 150 mg, and Terocin pain patches. Work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion XL 150mg Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16, 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS, Bupropion (Wellbutrin) ANTIDEPRESSANTS Page(s): 16, 13-15.

Decision rationale: This patient presents with low back pain with left lower extremity paresthesia. The current request is for Bupropion XL 150mg Qty: 60.00. The RFA is dated 06/24/15. Documented treatment history has included activity modification, lumbar translaminar epidural steroid injection, physical therapy and medication. The patient is not working. MTUS Guidelines under: SPECIFIC ANTIDEPRESSANTS, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states, While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain. According to progress report 06/15/15, the patient presents with a flare- up in her low back pain with left lower extremity paresthesia. Examination revealed moderate antalgic gait, tenderness and severe spasms noted in the lower back, painful and restricted ROM, decreased sensation in the left lateral leg and positive SLR. The patient's current medications included Lisinopril, Synthroid, estradiol, and Nexium. Due to the patient's significant flare up, the treater dispensed Bupropion XL and Terocin patches. This is an initial request for Bupropion. Given the patient's symptoms and diagnosis of neuropathic pain, the requested trial of Bupropion is reasonable and supported by MTUS guidelines. This request IS medically necessary.

Terocin pain patch #30 Refills 1 Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Lidoderm.

Decision rationale: This patient presents with low back pain with left lower extremity paresthesia. The current request is for Terocin pain patch #30 Refills 1 Qty: 60.00. The RFA is dated 06/24/15. Documented treatment history has included activity modification, lumbar translaminar epidural steroid injection, physical therapy and medication. The patient is not working. MTUS Chronic pain guidelines page 56-57 regarding Lidoderm (Lidocaine patch) states, "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain, Recommended for localized peripheral pain." When reading ODG guidelines under the Pain chapter regarding Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. According to progress report 06/15/15, the patient presents with a flare- up in her low back pain with left lower extremity paresthesia. Examination revealed moderate antalgic gait, tenderness and severe spasms noted in the lower back, painful and restricted ROM, decreased sensation in the left lateral leg and positive SLR. The patient's current medications included Lisinopril, Synthroid, estradiol, and Nexium. Due to the patient's significant flare up, the treater dispensed Bupropion XL and Terocin patches. This is an initial request for Terocin patches. In this case, there is no indication of localized pain that is neuropathic. Radiculopathy is not localized. In addition, the treater does not specify where the patch is to be applied. Terocin patches are not indicated for low back pain. This request IS NOT medically necessary.