

<b>Case Number:</b>	CM15-0168307		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/16/2002
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Texas, 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:

This is a 61 year old female patient, who sustained an industrial injury on 5-16-2002. The diagnoses include carpal tunnel syndrome bilaterally, status post decompression on the right, pantrapezial arthritis on the left and right, status post excision on the right, stenosing tenosynovitis along the A1 pulley of the left thumb, status post multiple injections, and chronic pain syndrome with weight loss. Per the doctor's note dated 9-16-2015 she had complains of dropping things, dexterity issues, numbness, tingling, grip loss, and some triggering along the thumb. Per the doctor's note dated 8-18-2015 she had complains of wrist pain, dropping things, dexterity issues, numbness, tingling, grip loss, and some triggering along the thumb. She was not doing any chores. A review of symptoms noted continued issues with sleep, stress, and depression. Physical examination revealed a blood pressure of 170 over 106, tenderness along the carpal tunnel with Tinel's on the left, tenderness along the trapezium and articulation on the left, limited motion, and affected grip. The medications list includes Naproxen, Trazodone, Wellbutrin SR, Norflex ER, Topamax, and Protonix. She has had multiple diagnostic studies including EMG/NCS which revealed carpal tunnel syndrome and bilateral wrist MRIs; cervical spine MRI on 7/31/15. Treatment to date has included diagnostics, right carpal tunnel release and excision of trapezium, right thumb splint, transcutaneous electrical nerve stimulation unit, and medications. On 8-25-2015, Utilization Review modified a request for Trazodone 50mg (#60 to #30) and Wellbutrin 150mg (#60 to #30) for weaning. Also requested was left carpal tunnel surgery and A1 pulley release.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Trazodone 50 mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15), Insomnia treatment, Selective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., Amitriptyline, trazodone, mirtazapine).

**Decision rationale:** Trazodone 50 mg #60. Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.)" In addition, per the cited guidelines "Trazodone is one of the most commonly prescribed agents for insomnia." Per the records provided, she had complaints of chronic wrist pain and issues with sleep, stress, and depression. Trazodone was prescribed for sleep disruption secondary to chronic pain. Trazodone is a first line agent in this clinical situation. The request of Trazodone 50 mg #60 is medically necessary and appropriate for this patient.

### **Wellbutrin SR 150 mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

**Decision rationale:** Wellbutrin SR 150 mg #60. Wellbutrin contains bupropion, an anti-depressant drug. According to CA MTUS guidelines cited below "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non neuropathic chronic low back pain." Per the records provided patient had chronic left wrist pain and issues with sleep, stress, and depression. She has a history surgery-right carpal tunnel release and excision of trapezium. She has had EMG/NCS, which revealed carpal tunnel syndrome. Wellbutrin is recommended in-patient with neuropathic pain and depression. The request for Wellbutrin SR 150 mg #60 is medically appropriate and necessary for this patient.

