

Case Number:	CM15-0169392		
Date Assigned:	09/10/2015	Date of Injury:	11/09/1988
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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

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(n) 54 year old male, who sustained an industrial injury on 11-9-88. The injured worker was diagnosed as having lumbar radiculitis and lumbago. The physical exam (4-3-15 through 6-3-15) revealed 4 out of 10 pain with medications, decreased lumbar flexion and extension and tenderness at the facet joints. Treatment to date has included a lumbar epidural injection, a lumbar MRI and vocational rehabilitation. Current medications include Norco, Colace, Methadone, Lyrica and Wellbutrin and Sonata (since at least 12-3-14). As of the PR2 dated 7-9-15, the injured worker reports low back and leg pain. He rates his pain 6 out of 10 with medications and 10 out of 10 without medications. The injured worker indicated that he was able to cook, bathe, dress and do laundry. There is no documentation of the injured worker's sleep quality or depression. The treating physician noted the injured worker was permanently disabled. The treating physician requested Sonata 10mg #60 and Wellbutrin SR 150mg #60. On 7-21-15, the treating physician requested a Utilization Review for Sonata 10mg #60 and Wellbutrin SR 150mg #60. The Utilization Review dated 7-29-15, non-certified the request for Sonata 10mg #60 and Wellbutrin SR 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Sonata 10mg #60- 7/9/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Insomnia treatment, (03/25/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter under Zaleplon (Sonata).

Decision rationale: The current request is for Retro: Sonata 10mg #60; 7/9/2015. Treatment to date has included a lumbar epidural injections, medications, TENS unit, physical therapy and vocational rehabilitation. The patient is not working. ODG guideline Mental Illness and Stress Chapter under Zaleplon (Sonata) states: Reduces sleep latency. Because of its short half-life (one hour), may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. Per report 07/09/15, the patient presents with chronic lower back pain. Examination revealed decreased lumbar flexion and extension and tenderness at the facet joints. Current medications include Norco, Colace, Methadone, Lyrica and Wellbutrin and Sonata. The patient rates his pain 6 out of 10 with medications and 10 out of 10 without medications. He reports being able to cook, bathe, dress, drive and do laundry when he takes medications. Sonata 10mg #60 was dispensed on this day. The patient has been prescribed this medications since at least 12/03/14, and ODG states that due to "rapid onset of action. Short-term use 7-10 days is indicated with a controlled trial showing effectiveness for up to 5 weeks. Furthermore, examination on 07/09/15 states "patient denied insomnia and fatigue." Continued use is not supported; therefore, the request IS NOT medically necessary.

Retro: Wellbutrin SR 150mg #60- 7/9/2015: 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, Bupropion (Wellbutrin).

Decision rationale: The current request is for Retro: Wellbutrin SR 150mg #60; 7/9/2015. Treatment to date has included a lumbar epidural injections, medications, TENS unit, physical therapy and vocational rehabilitation. 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, pages 13-15, Antidepressants for Chronic Pain section states, "While Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patient with non-neuropathic chronic low back pain." Per report 07/09/15, the patient presents with chronic lower back pain and bilateral leg sciatica. Examination revealed decreased lumbar flexion and extension and tenderness at the facet joints. Current medications include Norco, Colace, Methadone, Lyrica and Wellbutrin and Sonata. The patient rates his pain 6 out of 10 with medications and 10 out of 10 without medications. He reports being able to cook, bathe, dress drive, and do laundry when he takes medications. A refill of Wellbutrin SR 150mg #60 was provided. The patient has been prescribed Wellbutrin since 2012. The patient presents with radicular pain and has a diagnosis of lumbar radiculitis, and the use of Wellbutrin for this patient is supported MTUS. In addition, the treater has provided documentation of decrease in pain and increase in function with using

medications. Wellbutrin has been prescribed in accordance with MTUS. This request IS medically necessary.