

<b>Case Number:</b>	CM15-0181010		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 37 year old female, who sustained an industrial injury on 09-24-2007. Medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease with intractable low back pain, bilateral lower extremity radiculopathy, depression secondary to chronic pain, anxiety, agoraphobia, insomnia, and situational stress. Treatment and diagnostics to date has included urine drug screen dated 08-12-2015 consistent with prescribed medications, psychotherapy, home exercise program, and medications. Current medications include Wellbutrin, Ibuprofen, Colace, Flexeril, Percocet, Amitriptyline, Lorazepam, and Voltaren gel. In a progress note dated 08-12-2015, the injured worker reported chronic intractable low back pain, lower extremity pain, and depression. Objective findings included "the patient is able to sit 5-10 minutes, stand 5-10 minutes, and walk 5-10 minutes" and "the patient is neatly groomed, clear and cogent, unimpaired by medications, good eye contact, and depressed affect". The treating physician refilled Percocet 5-325 #180 1 by mouth every 4 hours as needed for pain and stated "the patient will continue all other medications. She currently has a supply of those." The request for authorization dated 08-14-2015 requested Percocet 5-325 1 by mouth every 4 hours #180, Docusate Sodium 250mg, Voltaren gel 1% 4grams 4 times a day #1 x 3 refills, Cyclobenzaprine 7.5mg, Wellbutrin XL 300mg SR24, Lorazepam 0.5mg, and Ibuprofen 800mg. The Utilization Review with a decision date of 08-25-2015 modified the request for Percocet 5-325mg #180 and Wellbutrin XL 300mg SR24 #30 to a 30 day supply for weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #180:** Upheld

**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): Opioids for neuropathic pain, Opioids for chronic pain.

**Decision rationale:** Percocet 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 Percocet for a year without significant improvement in pain or function several months without mention of reduction in pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

**Wellbutrin XL 300mg SR24 #30:** 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) mental chapter and pg 16.

**Decision rationale:** According to the guidelines, SSRIs and Tricyclics are indicated for depression. Although, Wellbutrin is not an SSRI it is also indicated for depression. In this case, the claimant was on Wellbutrin for months to manage depression and anxiety. Discontinuation of Wellbutrin will cause side effects and discontinuation is not indicated. The Wellbutrin is medically necessary and appropriate.