

<b>Case Number:</b>	CM15-0182605		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on September 19, 2008, incurring low back and bilateral knees injuries. She was diagnosed with internal derangement of the right and left knees, lumbar disc disease and lower extremity radiculopathy. In 2008 and 2009, Magnetic Resonance Imaging of the knees showed chondromalacia along the patella. Magnetic Resonance Imaging of the lumbar spine in 2009, revealed disc protrusion and foraminal narrowing. Treatment included heat, bracing, pain medications, anti-inflammatory drugs, proton pump inhibitor, antidepressants, physical therapy, transcutaneous electrical stimulation unit, epidural steroid injection, cortisone injections for the knees. In 2011, a left knee plica release and synovectomy was performed. She received five Hylagan injections to each knee. Currently, the injured worker complained of constant low back pain with loss of motion, swelling, buckling, limping, locking and limitation with pivoting and difficulty walking stairs. She had increased low back pain with prolonged standing interfering with her activities of daily living and simple household chores. The treatment plan that was requested for authorization on September 16, 2015, included prescriptions for Norflex 100mg, #60 and Wellbutrin SR 150mg, #60. On August 18, 2015, a request for a prescription for Norflex was medically denied but allowed for one month weaning and a prescription for Wellbutrin was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60:** 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): Muscle relaxants (for pain).

**Decision rationale:** The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment, the request cannot be considered medically necessary and appropriate.

**Wellbutrin SR 150mg #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:** The MTUS addresses the use of bupropion in chronic pain listing it as a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that 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 nonneuropathic chronic low back pain. While Utilization Reviews non-certified this request, there is a component of depression coupled with chronic pain, and therefore the request for this medication appears reasonable. Therefore the request is considered medically appropriate.