

Case Number:	CM15-0184104		
Date Assigned:	09/24/2015	Date of Injury:	01/05/2012
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 43 year old female with an industrial injury dated 01-05-2012. A review of the medical records indicates that the injured worker is undergoing treatment for discogenic lumbar condition with radicular component down the lower extremities and twenty eight pound weight loss. According to the progress note dated 08-26-2015, the injured worker presented with low back complaints. The injured worker reported shooting pain to the left side with a spasm along the calf. Pain level on a visual analog scale (VAS) was not included in report. Objective findings (5-27-2015 to 08-26-2015) revealed tenderness along the lumbosacral area and weakness to resisted flexion and extension, and positive facet loading. The treating physician reported that previous Magnetic Resonance Imaging (MRI) revealed disc protrusion herniation at L2-L3 causing extensive stenosis and broad protrusion at L4-5 causing left foraminal stenosis. Most recent Magnetic Resonance Imaging (MRI) performed in November of 2014 revealed wear and protrusion along the L4-L5. The treating physician also reported that the Nerve studies in November 2013 were unremarkable. Treatment has included diagnostic studies, prescribed medications, access to back brace and cold wrap, transcutaneous electrical nerve stimulation (TENS) unit, 22 chiropractic visits, and periodic follow up visits. The treatment plan included medication management. The treating physician reported that the 10 panel urine screen in July 2015 was unremarkable. Request for authorization dated 08-25-2015, included requests for Remeron 15mg, #30, Wellbutrin SR 150mg, #60, Ultracet 37.5mg, #60 and Celebrex 200mg, #30. The utilization review dated 09-02-2015, non-certified the request for Remeron 15mg, #30, Wellbutrin SR 150mg, #60, Ultracet 37.5mg, #60 and Celebrex 200mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015, Pain/Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS Chronic Pain Medical Treatment Guidelines and the ODG state that sedating antidepressants (e.g., Amitriptyline, Trazodone, Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia. Remeron is a noradrenergic and specific serotonergic antidepressant (NaSSA). Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Furthermore, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Remeron treatment. In the absence of clarity regarding those issues, the currently requested Remeron is not indicated. Therefore, based on the submitted medical documentation, the request for Remeron is not medically necessary.

Wellbutrin SR 150mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA), Wellbutrin Indications Use and Prescribing Information, http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/021908s0051bl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Wellbutrin prescription for this patient. Wellbutrin is the name brand equivalent of generic bupropion. The clinical records submitted do support the fact that this patient has chronic depression. However, the medical records do not support that this patient has a refractory major depressive disorder with supervision by a specialist. The California MTUS guidelines do address the topic of Wellbutrin prescription. Specifically, per MTUS, Wellbutrin is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Antidepressants have many side effects and can result in decreased work performance or mania

in some people. Wellbutrin is an atypical antipsychotic. Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. This patient has been diagnosed with mild depression; however, the clinical records indicate that she continues to have chronic pain with depression in a steady state secondary to multiple medications. Management of clinical depression is best done with a specialist in the setting of multiple comorbid conditions and confounding symptoms. There is no evidence this patient is being treated by a specialist. The most recent clinical exam notes do not indicate a clear assessment of the patient's mental health or indicate the patient's improvement or decline on the requested medication. Therefore, based on the submitted medical documentation, the request for Wellbutrin prescription is not medically necessary.

Ultracet 37.5mg, #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): Opioids, criteria for use, Opioids, dosing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Ultracet contains Ultram and tylenol. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids. This patient has lumbar radicular pain which is currently being treated with opioids and NSAIDs. The patient is at risk for hypoglycemia due to her recent 28lb weight loss and decreased appetite. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.

Celebrex 200mg, #30: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than

muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, the request for Celebrex prescription is not medically necessary.