

<b>Case Number:</b>	CM15-0188621		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/16/2002
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 61-year-old female, with a reported date of injury of 05-16-2002. The diagnoses include carpal tunnel syndrome bilaterally, status post decompression of the right carpal tunnel, trapezium arthritis on the right, status post excision of trapezium, stenosing tenosynovitis on the A1 pulley of the thumb on the left, and chronic pain syndrome with weight loss. Treatments and evaluation to date have included Norco, Lyrica, Soma, Valium, Neurontin, Effexor, Cymbalta, Naprosyn, a TENS unit, multiple injections to the thumb, and a thumb spica splint. The diagnostic studies to date have included an MRI of the cervical spine on 07-31-2015, which showed disc disease with narrowed neuroforamina bilaterally at C5-6, and on the right at C4-5. The medical report dated 09-16-2015 indicates that the injured worker had a carpal tunnel release and excision of trapezium on the right side; however, she was unable to grab the pen and write with weakness and shooting pain along the hand. It was noted that nerve studies done on 04-24-2014 showed moderate to severe carpal tunnel findings on the left, which progressed and worsened from 2012. The injured worker still described dropping things, dexterity issues, numbness, tingling, grip loss, and some triggering along the thumb. It was noted that an MRI of both wrists showed inflammation along the wrist on the right and on the left, triscaphe arthritis, and CMC (carpometacarpal) joint arthritis. The objective findings include tenderness along the carpal tunnel with Tinel's on the left; tenderness along the A1 pulley of the thumb on the left; tenderness along the trapezium and articulation on the left; limited motion; and an affected grip. The treatment plan included Trazodone and Wellbutrin. The injured worker's work status was indicated as "limitation with forceful gripping, grasping, torqueing, and repetitive motion of the

wrist and finger." The treating physician requested Trazodone 50mg #60 and Wellbutrin SR 150mg #60. On 09-24-2015, Utilization Review (UR) modified the request for Trazodone 50mg #60 to Trazodone 50mg #30 and Wellbutrin SR 150mg #60 to Wellbutrin SR 150mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trazodone 50mg #60: 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) Mental Illness & Stress Chapter, Trazodone.

**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) Pain Chapter, under Insomnia.

**Decision rationale:** The patient presents with left neck pain, left shoulder pain, low back pain that radiates into the left lower extremity. The request is for TRAZODONE 50MG #60. Physical examination to the lumbar spine on 07/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was restricted in all planes with pain. Per 06/23/15 progress report, patient's diagnosis include carpal tunnel syndrome bilaterally, status post decompression on the right; pantrapezial arthritis on the right, status post excision; pantrapezial arthritis on the left, documented by MRI; stenosing tenosynovitis along the A1 pulley of the thumb on the left, status post multiple injections; chronic pain syndrome with weight loss. Patient's medications, per 09/16/15 progress report include Trazodone, Wellbutrin, Topomax, and Celebrex. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, page 13-15, Antidepressants for chronic pain section states: "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. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." ODG Guidelines, Pain Chapter, under Insomnia has the following regarding Amitriptyline: "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 (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." The treater does not discuss request; no RFA was provided either. The utilization review letter dated 09/24/15 has modified the request to #30. Review of the medical records provided indicates that the patient has been utilizing Trazodone since at least 06/23/15. However, there is no discussion of its efficacy. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Therefore, this request IS NOT medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter - Antidepressants).

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

**Decision rationale:** The patient presents with left neck pain, left shoulder pain, low back pain that radiates into the left lower extremity. The request is for WELLBUTRIN SR 150MG #60. Physical examination to the lumbar spine on 07/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was restricted in all planes with pain. Per 06/23/15 progress report, patient's diagnosis include carpal tunnel syndrome bilaterally, status post decompression on the right; pantrapezial arthritis on the right, status post excision; pantrapezial arthritis on the left, documented by MRI; stenosing tenosynovitis along the A1 pulley of the thumb on the left, status post multiple injections; chronic pain syndrome with weight loss. Patient's medications, per 09/16/15 progress report include Trazadone, Wellbutrin, Topomax, and Celebrex. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, SPECIFIC ANTIDEPRESSANTS section, 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 Chronic Pain Medical Treatment Guidelines regarding antidepressants page 13 to 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Treater has not discussed this request; no RFA was provided either. The utilization review letter dated 09/24/15 has modified the request to #30. The patient continues with neck and left shoulder pain, and low back pain radiating to the left lower extremity. In this case, Wellbutrin may help the patient with pain and function, however, there is no mention of neuropathic pain the patient may have. Wellbutrin is supported by MTUS for patients with neuropathic pain, which this patient does not present with. Furthermore, review of the medical records provided indicates that the patient has been utilizing Wellbutrin since at least 04/14/15 but the treater has not documented efficacy of this medication. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.