

<b>Case Number:</b>	CM15-0197325		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/26/1998
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 55 year old female, who sustained an industrial injury on 1-26-1998. The injured worker is undergoing treatment for: lumbago. On 6-17-15, she reported low back pain. She rated her pain 7 out of 10 without medications and 5 out of 10 with the use of Tramadol and her other pain medications. She indicated medications to allow her to be more active with personal hygiene and household chores. She is reported to have denied side effects. Wellbutrin is noted to help with depression and mood, Relafen with pain and inflammation and Zanaflex with decreased myofascial pain and back pain, while the Senokot is reported to help with constipation. On 9-9-15, she reported low back pain. She is reported as doing well with spinal cord stimulator. She indicates, "her symptoms have been under control with the medications" which are indicated as keeping her active. Objective findings revealed her as presenting in no acute distress, and able to stand up and move fluidly throughout the room. Her pain level is not rated. Her sleep hygiene is not documented. The treatment and diagnostic testing to date has included: medications, spinal cord stimulator placement (2-26-15), lumbar fusion (11-9-10), detoxification rehabilitation program (September 2002), urine drug screen (4-22-15). Medications have included: Wellbutrin XL, Relafen, Ultram, Elavil, Trazodone, Lidoderm 5 percent patch, Zanaflex, Senokot-S. The records indicate Wellbutrin, Ultram, Zanaflex, Trazodone, Senokot, and Relafen have been utilized since at least April 2015, possibly longer. Current work status: working part time. The request for authorization is for: Wellbutrin XL 150mg two times a daily quantity 60 (one month supply) with 3 refills, Relafen 750mg quantity 60 with 3 refills, Ultram 50mg quantity 150 with 3 refills, Trazodone 100mg quantity 90 with 3 refills, Senokot-S quantity 120 with 3 refills, and Zanaflex 4mg quantity 120 with 3 refills. The UR dated 9-25-2015: modified certification of Zanaflex 4mg quantity

120 with 2 refills, Wellbutrin XL 150mg quantity 60 with 2 refills, Relafen 750mg quantity 60 with 2 refills, Ultram 50mg total quantity 150 with 2 refills, Trazodone 100mg quantity 45 (weaning), and Senokot total quantity 120 with 2 refills.

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

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

#### **Wellbutrin XL 150mg BID #60 (1 month supply) with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bupropion (Wellbutrin).

**Decision rationale:** Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. While Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. Wellbutrin is also recommended as a first-line treatment option for major depressive disorder. In this case, there is documentation that Wellbutrin is noted to help with this patient's depression and mood. Medical necessity for the requested medication has been established. The requested medication with 3 refills are medically necessary.

#### **Relafen 750mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Relafen (Nabumetone) is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. Medical necessity of the requested medication has not been established. The request for Relafen is not medically necessary.

**Ultram 50mg #150 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. In this case, the documentation provided shows that the injured worker has been prescribed Ultram since at least April, 2015. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed, with 3 refills, have not been prescribed according to the MTUS. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Trazodone 100mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Trazadone.

**Decision rationale:** According to the ODG, Trazodone (Desyrel) is a sedative hypnotic. It is not recommended for long-term use but is recommended for short-term use. It is discouraged in the chronic phase of injury and pain. "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death, even when prescribed less than 18 pills/year." In this case, the patient's sleep hygiene is not documented. There is no documentation indicating that this medication has been proven to be beneficial for the treatment of her condition. In addition, requests for this quantity (Trazadone #90 with 3 refills) are not medically necessary, as the quantity may potentially be excessive and in use for much longer than recommended.

Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Zanaflex 4mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to the CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. Also, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Documentation provided supports that the injured worker has been prescribed Tizanidine (Zanaflex) since at least April, 2015. Medical necessity for the requested medication has not been established. The requested medication, Zanaflex, is not medically necessary.