

<b>Case Number:</b>	CM15-0197884		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: 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 38 year old female, who sustained an industrial injury on 2-9-2009. The injured worker is undergoing treatment for: migraine, shoulder hand syndrome, reflex sympathetic dystrophy of the upper limb, complex regional pain syndrome type I, tension headaches, cervical radiculitis. On 8-25-15, she reported headaches, neck pain, and bilateral wrist pain. Physical examination revealed hoffman's reflex not present, diminished light touch sensation at C6 on the right, normal gait and posture, trigger points over the upper trapezius muscles, muscle spasm over the right upper trapezius, no tenderness in the neck, normal cervical spine range of motion, limited range of motion of the wrists, muscle atrophy in the thenar eminence of the right upper extremity, muscle tenderness over the thenar eminence of the right upper extremity, right hand grip strength decreased, and hyperalgesia over the right forearm and wrist. There is no discussion of current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the cervical spine (7-9-15), medications, carpal tunnel release and de Quervain's release (dates unclear), rest, multiple acupuncture sessions, stellate ganglion block (date unclear). Medications have included: Bupropion, cephalexin, diclofenac potassium, gabapentin, gralise, levora, lidocaine 5 percent patches, Nortriptyline, Ondansetron, Qvar, sumatriptan, Topiramate. The records indicate anti-depressants since at least March 2015, possibly longer; and Bupropion, Diclofenac potassium, Gralise, and Gabapentin since at least October 2014, possibly longer. Current work status: not documented. The request for authorization is for: Bupropion HCL 100mg one tablet twice a day quantity 60 with 5 refills,

Diclofenac potassium 50mg one tablet every 8 hours as needed quantity 90 with 5 refills, Gralise ER 600mg 3 tablets daily quantity 90 with 5 refills, Gabapentin 300mg one capsule three times daily as needed quantity 90 with 5 refills. The UR dated 9-22-2015: non-certified the requests for Bupropion HCL 100mg one tablet twice a day quantity 60 with 5 refills, Diclofenac potassium 50mg one tablet every 8 hours as needed quantity 90 with 5 refills, Gralise ER 600mg 3 tablets daily quantity 90 with 5 refills, Gabapentin 300mg one capsule three times daily as needed quantity 90 with 5 refills.

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

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

#### **Bupropion HCL 100mg 1 Tab BID #60 with 5 Refills: Upheld**

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

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

**Decision rationale:** The Official Disability Guidelines state that while Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic neck pain. Furthermore, 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. The patient's pain is non-neuropathic in nature. Bupropion HCL 100mg 1 Tab BID #60 with 5 Refills is not medically necessary.

#### **Diclofenac Potassium 50mg 1 Tab Every 8 Hours as Needed #90 with 5 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** According to the Official Disability Guidelines, Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. Diclofenac Potassium 50mg 1 Tab Every 8 Hours as Needed #90 with 5 Refills is not medically necessary.

#### **Gralise 600mg ER 3 Tabs QD #90 with 5 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gralise 600mg ER 3 Tabs QD #90 with 5 Refills is not medically necessary.

**Gabapentin 300mg 1 Cap TID as Needed #90 with 5 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 300mg 1 Cap TID as Needed #90 with 5 Refills is not medically necessary.