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| Case Number: | CM15-0205355 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 11/27/2001 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 11-27-01. The injured worker was diagnosed as having cervical and thoracic pain; low back pain; post concussive syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-9-15 indicated the injured worker complains of neck pain, upper back pain and lower backache. The provider documents; Patient rates his pain with medications as 6 on a scale of 1 to 10. Patient rates his pain without medications as 9 on a scale of 1 to 10. Quality of sleep is poor - reports decreased sleep level 5-6 hours per night. He denies any new injury since last visit. He reports his quality of life scale of 1-10 as a 4. Patient does simple chores around the house and minimal activities outside of the house at least two days a week. Activity has remained the same. The patient is taking his medications as prescribed and medications are working well with no side effects reported. Current medications: lansoprazole DR 15mg; Bupropion; Neurotin 300mg; Valium 10mg; Lidoderm patch; Arthrotec 50-0.2mg; Rozerem 8mg; Atenolol 50mg and Amlodipine Besylate 5mg. He notes a clinical history of a pacemaker insertion (no date); cervical facet nerve blocks at C4, C5 and C6 left (1-4-13) and a cervical radiofrequency ablation at C4, C5, C6 left on 3-22-13. PR-2 notes with the following dates of service were submitted for review and indicate the injured worker was prescribed and using these medications - Lidoderm patch 5%; Rozerem 8mg and Bupropion HCL XL 300mg: 8-12-15, 6-30-15, 5-20-15, 4-14-15, 3-4-15, 2-3-15, 12-31-14, 11-26-14, 10-22-14, 8-27-14, 6-4-14, 4-30-14, 3-26-14, 2-19-14, 1-15-14, 12-18-13, 11-20-13. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 9-24-15 and non-certification for Lidoderm patch 5% #60 x1; Rozerem 8mg #30x1 and Bupropion HCL XL 300mg #60 x1. A request for authorization has been received for Lidoderm patch 5% #60 x1; Rozerem 8mg #30x1 and Bupropion HCL XL 300mg #60 x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lidoderm patch 5% #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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury in November 2001 when he was pinned to the ground by a trailer sustained a traumatic brain injury and multiple spinal fractures. A psychiatric AME in April 2012 indicates that the claimant was placed on Wellbutrin (Bupropion) because his wife thought that he was depressed, although he did not really feel depressed. Testing included administration of the BDI with findings of a score of 17. Diagnoses included cognitive disorder and depression. When seen, he was having pain throughout the spine. Medications were working well and without side effects. Physical examination findings included a body mass index over 26. There was an antalgic and wide based gait without an assistive device. There was decreased and painful cervical range of motion and cervical and thoracic muscle spasms and tenderness were present. There was decreased knee and first toe extension strength. Medications were refilled including Rozerem, Lidoderm, and Bupropion XL. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.

1 Prescription of Rozerem 8mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury in November 2001 when he was pinned to the ground by a trailer sustained a traumatic brain injury and multiple spinal fractures. A psychiatric AME in April 2012 indicates that the claimant was placed on Wellbutrin (Bupropion) because his wife thought that he was depressed, although he did not really feel depressed. Testing included administration of the BDI with findings of a score of 17. Diagnoses included cognitive disorder and depression. When seen, he was having pain throughout the spine. Medications were working well and without side effects. Physical examination findings included a body mass index over 26. There was an antalgic and wide based gait without an assistive device. There was decreased and painful cervical range of motion and cervical and thoracic muscle spasms and tenderness were present. There was decreased knee and first toe extension strength. Medications were refilled including Rozerem, Lidoderm, and Bupropion XL.

Rozerem (ramelteon) is an oral medication that promotes falling asleep and is used for treating insomnia. It acts by stimulating receptors for melatonin in the brain. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. If pain, depression, anxiety, or another medical condition such as obstructive sleep apnea was causing the claimant's sleep disturbance, then treatment for that condition could be considered. The continued prescribing of Rozerem is not medically necessary.

1 Prescription of Bupropion HCL XL 300mg #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 Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder) and Other Medical Treatment Guidelines Wellbutrin XL prescribing information.

Decision rationale: The claimant has a remote history of a work injury in November 2001 when he was pinned to the ground by a trailer sustained a traumatic brain injury and multiple spinal fractures. A psychiatric AME in April 2012 indicates that the claimant was placed on Wellbutrin (Bupropion) because his wife thought that he was depressed, although he did not really feel depressed. Testing included administration of the BDI with findings of a score of 17. Diagnoses included cognitive disorder and depression. When seen, he was having pain throughout the spine. Medications were working well and without side effects. Physical examination findings included a body mass index over 26. There was an antalgic and wide based gait without an assistive device. There was decreased and painful cervical range of motion and cervical and thoracic muscle spasms and tenderness were present. There was decreased knee and first toe extension strength. Medications were refilled including Rozerem, Lidoderm, and Bupropion XL. Anti-depressant medications that are likely to be optimal for most patients include Bupropion. In this case, the claimant has depression and is being treated with Bupropion. However, the maximum dosage for Bupropion XL is 450 mg per day. The claimant's dosing is in excess of that recommended and cannot be accepted as being medically necessary.