

Case Number:	CM15-0205989		
Date Assigned:	10/22/2015	Date of Injury:	06/04/1998
Decision Date:	12/08/2015	UR Denial Date:	10/19/2015
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: 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 63 year old male, who sustained an industrial injury on 06-04-1998. He has reported injury to the low back. The diagnoses have included chronic severe low back pain and right greater than left leg pain; status post L4-5 and S1 fusion, and status post hardware removal; myofascial pain-spasm; and neuropathic pain of lower extremity, right greater than left. Treatment to date has included medications, diagnostics, home exercise program, spinal cord stimulator implantation, and surgical intervention. Medications have included Norco, Nucynta, Neurontin, Wellbutrin, Zantac, and Chlorzoxazone. A progress report from the treating physician, dated 10-12-2015, documented an evaluation with the injured worker. The injured worker reported low back pain and bilateral leg pain, right greater than left; no major changes in pain; his current medications are working well; insomnia with trouble both falling asleep and maintaining sleep; the trial of Chlorzoxazone is working well; the average pain is rated at 8 out of 10 in intensity since the last visit; and the average functional level is rated at 4 out of 10 in intensity since the last visit. Objective findings included he is in no acute distress; he continues to have ongoing baseline low back pain that is radiating down to the right greater than left leg; continues with pain despite recent spinal cord stimulator reprogramming; and he has limited active range of motion in the low back due to pain. The treatment plan has included the request for Zantac 150mg #60 with 1 refill; and Wellbutrin 150mg #30 with 1 refill. The original utilization review, dated 10-19-2015, non-certified the request for Zantac 150mg #60 with 1 refill; and Wellbutrin 150mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with pain in the lower back and bilateral lower extremities, right greater than left, and insomnia secondary to pain. The request is for Zantac 150MG #60 with 1 refill. Examination to the lumbar spine on 10/12/15 revealed a limited range of motion due to pain. Per 08/03/15 progress report, patient's diagnosis include lumbago, post laminect syndrome lumbar region, lumbosac spondylosis w/o myelopathy, spasm of muscle, unspecified myalgia and myositis, thor/lumbosacral nurit/radiculit uns. Patient's medications, per 06/08/15 progress report include Finasteride, Levothyroxine, Lorzone, Neurontin, Norco, Nucynta, Vitamins, Wellbutrin, and Zantac. Patient's work status was not specified. MTUS guidelines page 70 under NSAIDs, specific drug list & adverse effects recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Guidelines page 69 state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treater has not discussed this request; no RFA was provided either. Review of the medical records provided indicates that the patient has been utilizing Zantac since at least 03/30/15. However, there are no discussions in regards to the efficacy of this medication. There are no GI symptoms described, no history of ulcers, and no discussions regarding how Zantac is managing the symptoms. The treater does not provide GI risk assessment required to make a determination based on MTUS. Due to lack of documentation, the request is not medically necessary.

Wellbutrin 150mg #30 with 1 refill: Upheld

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

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

Decision rationale: The patient presents with pain in the lower back and bilateral lower extremities, right greater than left, and insomnia secondary to pain. The request is for Wellbutrin 150MG #30 with 1 refill. Examination to the lumbar spine on 10/12/15 revealed a limited range of motion due to pain. Per 08/03/15 progress report, patient's diagnosis include lumbago, post

laminect syndrome lumbar region, lumbosac spondylosis w/o myelopathy, spasm of muscle, unspecified myalgia and myositis, thor/lumbosacral neurit/radiculit uns. Patient's medications, per 06/08/15 progress report include Finasteride, Levothyroxine, Lorzone, Neurontin, Norco, Nucynta, Vitamins, Wellbutrin, and Zantac. Patient's work status was not specified. 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 patient continues with low back pain radiating to the bilateral lower extremities, and insomnia secondary to pain. Review of the medical records provided indicates that the patient has been utilizing Wellbutrin since at least 03/30/15. In this case, Wellbutrin may help the patient with pain and function. Wellbutrin is supported by MTUS for patients with neuropathic pain. However, the treater has not documented the efficacy of this medication, in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.