

<b>Case Number:</b>	CM15-0208341		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	06/23/2000
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Internal 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 56 year old male with an industrial injury date of 06-23-2000. Medical record review indicates he is being treated for lumbar radiculopathy, degenerative disc disease - lumbar and sacroiliitis. Subjective complaints (09-11-2015) included low back pain. The quality of pain is described as "dull, aching and stabbing." Severity of symptoms is described as "moderate to severe with profound limitations." The pain radiates to the gluteal area and right lower extremity and is aggravated by standing for more than an hour, lying down and lifting or carrying heavy objects. "Medications help decrease pain and allow him to work an 8 hour work day." The injured worker reported heartburn with the chronic use of non-steroidal anti-inflammatory drugs. "Pharmaceuticals are not providing sufficient relief." "Patient wishes to have better pain control, creating dyspepsia." The treating physician noted the injured worker was told to decrease the use, take it with food and was provided Prilosec for the gastroesophageal reflux symptoms. "Impact of symptoms is affecting activities of daily living." Current medications (09-11-2015) included Glucophage, Captopril, Ultram ER, Prilosec (at least since 06-15-2015), Etodolac (at least since 01-11-2013) and Wellbutrin XL (at least since 06-05-2015). Prior medications include Anaprox. The treating physician noted Terocin was helping well and being used on a regular basis and Wellbutrin was helping well with pain relief and improved function. Prior treatments included back brace, activity modifications and medications. On 09-24-2015 the request for the following medications was non-certified by utilization review: Terocin pain patches #30 with 1 refill-Prilosec DR 20 mg #60 with 2 refills-Etodolac 400 mg #60 with 2 refills-Bupropion (Wellbutrin XL) 150 mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin pain patches #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. MTUS guidelines state that non-dermal patch formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin pain patches #30 with 1 refill is not medically necessary.

**Bupropion (Wellbutrin XL) 150mg #60:** 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:** MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Their main role is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. 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. The injured worker complains of chronic radicular low back pain. Documentation fails to show improvement in the injured worker's pain or level of function to establish the medical necessity for ongoing use of Bupropion. The request for Bupropion (Wellbutrin XL) 150mg #60 is not medically necessary by MTUS.

**Etodolac 400mg #60 with 2 refills:** Upheld

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

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

**Decision rationale:** Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Etodolac 400mg #60 with 2 refills is not medically necessary.

**Prilosec DR 20mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Documentation shows that the injured worker reports heartburn from chronic NSAID use. Being that the continued use of Etodolac has not approved, the use of Prilosec DR is no longer indicated. The request for Prilosec DR 20mg #60 with 2 refills is not medically necessary per guidelines.