

Case Number:	CM15-0221024		
Date Assigned:	11/16/2015	Date of Injury:	01/15/2010
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/10/2015

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, Pain Management, 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 53 year old female, who sustained an industrial-work injury on 1-15-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome status post fusion 1-10-12, removal of hardware with repair of pseudoarthrosis 2-17-14, removal of hardware with revision of pseudoarthrosis and replacement of new hardware 2-17-14, Gastroesophageal reflux disease (GERD), depression, anxiety and lumbar spinal cord stimulator implant 5-21-15. Treatment to date has included pain medication, Norco, Lyrica, Prilosec, Ultracet, Fexmid, Wellbutrin, Ativan, Topamax, medicinal marijuana, surgery, diagnostics, trigger point injections, Topamax as of 6-23-15, Wellbutrin since at least 3-9-15, spinal cord stimulator 3-9-15, and other modalities. The physician indicates that electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral lower extremities (BLE) dated 3-19-13 reveals chronic left L5 radiculopathy. Medical records dated 6-23-15 indicate that the injured worker remains on her current medications and has been able to cut back on the Norco. She uses Lyrica for the neuropathic radicular pain and is able to have increased ability to function. She has tried Neurontin with cognitive side effects. The physician indicates that about two weeks previous, the injured worker was told by a physician doing a study on Belviq to stop her Ativan, Restoril and Wellbutrin all at once, which she did. She came near psychotic and was in a motor vehicle accident. Per the treating physician report dated 6-23-15, work status is permanent and stationary. The physical exam reveals lumbar tenderness with increased muscle rigidity, there is numerous trigger points and rigidity, decreased lumbar range

of motion with muscle guarding. The straight leg raise in modified sitting position is positive bilaterally with radicular complaints. There is decreased sensation along the thigh, calf and foot on the right when compared to the left. The physician indicates that prescription was written for Topamax 25 MG 1-2 BID #120 as this is an excellent second line antineuropathic pain medication with mild anorexic properties. The injured worker has gained about 60 pounds. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The requested services included Lyrica (unspecified dosage and quantity), Topamax (unspecified dosage and quantity) and Wellbutrin (unspecified dosage and quantity). The original Utilization review dated 10-19-15 non-certified the request for Lyrica (unspecified dosage and quantity), Topamax (unspecified dosage and quantity) and Wellbutrin (unspecified dosage and quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

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

Decision rationale: MTUS 2009 states that pregabalin (Lyrica) is an option to treat peripheral neuropathic pain disorders such as post-herpetic neuralgia and painful diabetic neuropathy. This patient is diagnosed with a chronic radiculopathy, which is a proximal nerve root compression as opposed to a diffuse axonal/myelin injury, which can occur with a diabetic neuropathy or post herpetic neuralgia. This patient remains significantly symptomatic while using Lyrica and has received a spinal cord stimulator to address the severe pain. Lyrica's use to treat radiculopathies is not supported by evidence-based guidelines and its use has been ineffective in the care of this patient. Lyrica is not medically necessary in the care of this patient.

Topamax (unspecified dosage and quantity): Upheld

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

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

Decision rationale: MTUS 2009 states that Topamax has variable efficacy in treating "central" neuropathic pain. It is considered for use when other anti-convulsants have failed. Evidence based guidelines do not support the use of Topamax in treating radiculopathies and has not been effective in the care of this patient. It is considered marginally effective in treating centrally based neuropathic pain and is used as a last option when other drugs have failed. The patient remains significantly symptomatic while using the medication and had a spinal cord stimulator placed due to the poorly controlled neuropathic pain. Topamax's use is not supported by evidence-based guidelines to treat radiculopathies and it has been ineffective in controlling radicular pain. Topamax is not medically necessary.

Wellbutrin (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

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

Decision rationale: MTUS 2009 states that anti-depressants are a first line option to treat neuropathic pain and a possibility for non-neuropathic pain. Wellbutrin has been shown to be effective in treating neuropathic pain of different etiologies. It has not been shown to be effective in treating low back pain. In this case, the patient has radicular pain, which is a proximal compression neuropathy and has chronic low back pain. The patient has been provided Wellbutrin while continuing to have limited function, provided interventions to treat poorly controlled pain and provided multimodal pharmacologic interventions. The current analgesic approach is ineffective in controlling symptoms. Wellbutrin has been provided to the patient in accordance with evidence-based guidelines but has not been effective in reducing pain and promoting function. Wellbutrin is therapeutic to treat depression but is not used to treat depression in this patient. It has been used to treat chronic pain and the patient continues to report significant pain. Wellbutrin is not medically necessary in the care of this patient.