

<b>Case Number:</b>	CM15-0045406		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	08/01/1998
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64 year old female, who sustained an industrial injury on 08/01/1998. According to a progress report dated 02/04/2015, the injured worker complained of neck pain, upper and lower back pain. Pain was described as pins and needles, electric and shooting. She also reported headache, joint pain, joint stiffness, morning stiffness, muscle aches, fatigue, a dry mouth, large mood swings between feeling good and feeling bad, anxiousness and depression. She reported that blurred vision occurred with the use of Abilify. She showed no evidence of developing medication dependency. No aberrant behavior was suspected and she reported continued functional benefit with her medications. Pain was rated 7 on a scale of 1-10 without medications and 3-5 with medications. Current medications included Butrans patches, Wellbutrin SR, Singulair, Glipizide, Pravastatin Sodium and Abilify. Diagnoses included anxiety disorder, depression not otherwise specified, depression with anxiety, backache not otherwise specified, chronic pain syndrome, pain in joint of shoulder and cervicobrachial syndrome. Treatment plan included Wellbutrin SR, Butrans Patches, osteopathic treatments x 4 trial visits and a follow up in 4-6 weeks. Urine toxicology reports were not submitted for review. Currently under review is the request for Wellbutrin SR and Butrans patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin SR 150mg tablet 1 tid #30, 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress-Bupropion (Wellbutrin) and Other Medical Treatment Guidelines <http://www.drugs.com/sfx/wellbutrin-side-effects.html>.

**Decision rationale:** Wellbutrin SR 150mg tablet 1 tid #30, 2 refills is not medically necessary per the MTUS Guidelines, the ODG; and an online review of Bupropion (Wellbutrin). The ODG states that this medication is recommended as a first-line treatment option for major depressive disorder. The MTUS states that while bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back 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. A review online of Wellbutrin indicates that this patient has co-morbid anxiety. A review of Wellbutrin indicates that this medication can increase anxiety therefore the request is not medically necessary. Furthermore, the documentation does not reveal that the patient has improved neuropathic symptoms on Wellbutrin. This request is not medically necessary.

**Butrans 5mcg/hr patch 1 weekly 4 per 30 days, 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Ongoing management Page(s): 26-27 and 78-80.

**Decision rationale:** Butrans 5mcg/hr patch 1 weekly 4 per 30 days, 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Butrans is recommended for treatment of opiate addiction and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The documentation reveals that the patient has not tried other forms of treatment for pain relief and has continued persistent pain despite Butrans. The request for continued Butrans is not medically necessary.