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| Case Number: | CM14-0134497 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 10/01/2007 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old male who sustained an injury on 10/1/07 when he injured his lower back and right knee. Lumbar spine MRI without contrast on 1/6/08 revealed disc protrusion at L3-L4. He is being treated for low back pain with intermittent radiation down the right leg. Treatment to date consisted of medications, surgery, cognitive behavior and other conservative measures. From the most recent report on 7/31/14 he presented with chronic low back pain in the setting of lumbar DDD and lumbar facet OA. He reported low back pain with sharp and cramping pain radiating down the right buttock and posterior leg. He reported a pain level of 7/10 with medications and 10/10 without medications. Palpation of his lumbar spine demonstrated diffuse tenderness over lumbosacral much worse on the right, decreased lumbar ROM, slight right antalgic gait and positive orthopedic testing. The patient's medication regimen reportedly reduced his pain, increased his activity tolerance and restored partial overall functioning. Medications included Simvastatin, Pepcid, Zanaflex, bupropion, Motrin and Benazapril. Diagnoses include chronic pain syndrome, thoracic or lumbosacral neuritis, myalgia or myositis, post-laminectomy syndrome, lumbar region, degeneration of thoracic or lumbar intervertebral disc, lumbar facet joint pain, spinal stenosis of lumbar region, symptoms of depression, GERD and constipation. The request for UR for Motrin 200mg #240 with 3 refills was modified to Motrin 200mg #240 and bupropion XL 150mg #30 with 3 refills was modified to Bupropion XL 150mg #30 on 7/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 200mg #240 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Per guidelines, NSAIDs are recommended in chronic back pain as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. Furthermore, there is no documentation of quantitative measurement of pain level (i.e. VAS). Therefore, the medical necessity for Motrin has not been established. Therefore, Motrin 200mg #240 with 3 refills is not medically necessary.

Bupropion XL 150mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16, 125.

Decision rationale: Wellbutrin is the brand name for bupropion, an atypical antidepressant that acts as anorepinephrine and dopamine reuptake inhibitor. Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenalin and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. In this case, there is no substantial evidence of depression unresponsive to first line therapy. Per guidelines, Bupropion is not recommended for back pain. There is no documentation of any significant improvement of pain or function with prior use. Therefore, Bupropion XL 150mg #30 is not medically necessary.