

<b>Case Number:</b>	CM14-0057584		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/18/1997
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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. 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: Anesthesiology

### 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 46 year old male, who sustained an industrial injury on 10/18/1997. Diagnoses have included lumbar degenerative disc disease, degeneration of cervical intervertebral disc, trigeminal nerve disorder and neuralgia. Treatment to date has included pool therapy and medication. According to the progress report dated 2/17/2014, the injured worker complained of neck pain rated 5/10. He complained of numbness in the left upper extremity at night. He complained of neck stiffness, difficulty sleeping and anxiety. The injured worker reported going to the gym to use the swimming pool. He noted that access to the gym allowed him to effectively manage his pain which subsequently stabilized his mood. He complained of low back pain on the right side with radiation to the right lower extremity. He reported stiffness and spasm of the low back and tingling in the right lower extremity. Authorization was requested for a one year gym membership; Ambien; Bupropion; Celebrex; Lidoderm patches and Effexor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Year Gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Exercise.

**Decision rationale:** According to the ODG, exercise is recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion, and further benefits are available when combined with strength training. There is consistent evidence that exercises may be effective in preventing neck and back pain. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care, where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered. Evidence-based guidelines indicate that gym programs are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. In this case, there is no documentation that the patient has had direct medical supervision with the gym exercise, as is encouraged by the evidence-based guidelines. With unsupervised programs, there is no information communicated back to the provider. Gym memberships, swimming pools, health clubs, etc, are not generally considered medical treatment. Therefore, gym memberships are not covered under these guidelines. Despite this patient's use of a gym membership, he has been frustrated by a lack of forward progress with treatment, and continues to require intensive treatment for this 1997 industrial injury. Medical necessity for the requested 1-year Gym membership has not been established. The requested item is not medically necessary.

**Ambien CR 6.25mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

**Decision rationale:** Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. It can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case,

there is documentation of continued difficulty sleeping primarily related to the patient's low back pain(LBP) symptoms. The sleep difficulty can potentially be more effectively treated directly with pain-relieving modalities. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

**Bupropion HCL SR 150mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bupropion (Wellbutrin).

**Decision rationale:** 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. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that 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. In this case, there is documentation that the patient has ongoing depression and anxiety. This patient has received a prescription for Bupropion with 2 refills. There is insufficient documentation to warrant additional refill medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Celebrex 200mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines Celecoxib (Celebrex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In this case, there is documentation of a subjective decrease in pain (from 4-5/10 to 2/10) with the use of Celebrex. However, the decision to proceed with refills should be based upon this patient's continued response to this medication. Therefore, the medical necessity of the requested

medication with 2 refills, has not been established. The requested medication is not medically necessary.

**Lidoderm 5% patch #30 with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Lidoderm(Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% Patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, medical necessity of the requested item has not been established. The certification of the requested Lidoderm patch is not medically necessary.

**Effexor XR 75mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venlafaxine (Effexor).

**Decision rationale:** According to the ODG, Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for the treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. In this case, the patient has symptoms of depression, anxiety, and stress-related medical complaints secondary to an industrial stress injury to the psyche. There is documentation that the combination of Effexor and Bupropion has resulted in stabilization of mood and an objective functional benefit. However, the refills should be contingent on the patient's updated status and continued response to Effexor. Therefore, medical necessity for the requested medication with 2 refills has not been established. Of note, withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The requested medication is not medically necessary.