

Case Number:	CM14-0072983		
Date Assigned:	07/16/2014	Date of Injury:	10/18/2003
Decision Date:	05/27/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/20/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 75 year old female who sustained an industrial injury on October 18, 2003. Previous treatment includes vocational rehabilitation, work modifications/restrictions, and medications. Currently the injured worker complains of low back and leg pain. She describes the pain as constant and aching. Diagnoses associated with the request include lumbago, cervicgia, shoulder region disease, pain in the foot/leg/arm/finger. The treatment plan includes continuation of vocational rehabilitation, modified work, Duragesic patch, Lidoderm, Wellbutrin, Lunesta and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) #60, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2003 and continues to be treated for low back and leg pain. She underwent an anterior cervical decompression and fusion in 2013. When seen, when seen, she had decreased cervical spine and shoulder range of motion. She was ambulating with a walker. She has ongoing complaints that include insomnia and depression. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

Wellbutrin 300mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder) (2) Mental Illness & Stress, Bupropion (Wellbutrin).

Decision rationale: The claimant has a remote history of a work injury occurring in October 2003 and continues to be treated for low back and leg pain. She underwent an anterior cervical decompression and fusion in 2013. When seen, when seen, she had decreased cervical spine and shoulder range of motion. She was ambulating with a walker. She has ongoing complaints that include insomnia and depression. Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Wellbutrin (bupropion) is a noradrenaline and dopamine reuptake inhibitor that has been shown to be effective in relieving neuropathic pain of different etiologies. In terms of depression, medications that are likely to be optimal for most patients include bupropion. In this case, the claimant has both neuropathic pain and depression. The dose being prescribed is consistent with guideline recommendation. Therefore, the continued prescribing of Wellbutrin was medically necessary.

Lunesta 3mg #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 Guidelines, Pain (Chronic) Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2003 and continues to be treated for low back and leg pain. She underwent an anterior cervical decompression and fusion in 2013. When seen, when seen, she had decreased cervical spine and

shoulder range of motion. She was ambulating with a walker. She has ongoing complaints that include insomnia and depression. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined, although the likelihood of secondary insomnia due to obstructive sleep apnea appears high. If this were the condition causing the claimant's sleep disturbance, then treatment for this condition would be indicated. Therefore, the continued prescribing of Lunesta is not medically necessary.