

<b>Case Number:</b>	CM15-0011676		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/08/1997
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 54 year old female who sustained a work related injury February 8, 1997. Past history included bilateral radiofrequency ablation L3-4 facets October, 2014, internal derangement of the right shoulder, fibromyalgia, and s/p suicide attempt (mechanism and date unknown), under current treatment with normal affect and appropriate behavior. According to a pain management physician's progress report dated December 23, 2014, the injured worker presented because her medications were denied. She has current complaints of neck, shoulders, low back and bilateral leg pain. Diagnoses include post laminectomy syndrome at L5-S1 and L4-L5, internal derangement of the right shoulder, fibromyalgia and the need for dental treatment. Treatment plan includes request for authorization of medications, continue home exercise program, pool exercises and compliance monitoring. Work status permanent and stationary as of April 22, 2009. According to utilization review dated January 8, 2014, the request for 30 Tablets of Bupropion SR (Wellbutrin SR) 100 mg is non-certified. The request for 30 Sublingual Films of Buprenorphine-Naloxone (Suboxone) 2mg/0.5mg is non-certified. The request for 90 Capsules of Gabapentin (Neurontin) 300mg with (2) Refills is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion SR 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 16.

**Decision rationale:** Bupropion is 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 in a small trial (41 patients). 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, 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. Side effects include headache, agitation, insomnia, anorexia, weight loss. In this case there is no documentation that the patient has not responded to tricyclic or SNRI medication. Conditions for use of bupropion have not been met. The request should not be authorized.

**30 sublingual films of buprenorphine Naloxone 2mg/0.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 226-27. Decision based on Non-MTUS Citation Pain: Buprenorphine

**Decision rationale:** Buprenorphine is a partial opioid agonist. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In this case there is no documentation that the patient has any conditions that would qualify her as a member of one of the suggested populations. There is no indication for the use of buprenorphine. The request should not be authorized.

**Gabapentin 300mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 18-19.

**Decision rationale:** Gabapentin is an anti-epileptic medication. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. In this case the patient has been using the medication since at least July 2014 and has not obtained analgesia. Switching to another first line drug is recommended. The request should not be authorized.