

Case Number:	CM15-0124520		
Date Assigned:	07/09/2015	Date of Injury:	11/19/2001
Decision Date:	09/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Internal 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 55-year-old, male who sustained a work related injury on 11/19/01. The diagnoses have included bilateral median neuropathy, bilateral carpal tunnel syndrome and opioid dependence. Treatments have included physical therapy, medications, wrist injections and multiple surgeries on wrists. In the Office Visit note dated 4/7/15, the injured worker complains of bilateral wrist pain. He complains of swelling in his wrists and tenderness. He states his pain has been "bad." He has a history of bilateral carpal tunnel syndrome and diabetic peripheral neuropathy. He has mild swelling and pain to palpation over medial aspect of the right wrist. He has diffuse pain with light touch over the hands bilaterally. There is no documentation of work status. The treatment plan includes a prescription for Lunesta. The requested order for Bupropion is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Bupropion 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion, Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. 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 it 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 serotonin and norepinephrine reuptake inhibitors (SNRI). Considered an anti-depressant medication, Bupropion also has analgesic effects. Per guidelines, assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Documentation provided for review indicates that the injured worker is prescribed other antidepressants with no evidence of significant functional improvement. Additionally, there is lack of supporting evidence to support the medical necessity for the use of Bupropion for this injured worker, as there is insufficient documentation of neuropathic pain other persistent bilateral hand pain attributed to carpal tunnel syndrome. The request for 60 tablets of Bupropion 150mg is not medically necessary per guidelines.

30 tablets of Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Mental Illness & Stress.

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

Decision rationale: Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The injured worker is diagnosed with Carpal Tunnel Syndrome. Documentation fails to show significant improvement if symptoms with chronic use of this medication. Given that the injured worker has chronic pain syndrome with no documented diagnosis of sleep disorder, the medical necessity for continued use of Lunesta has not been established. The request for 30 tablets of Lunesta 3mg is not medically necessary based on ODG.