

Case Number:	CM15-0172414		
Date Assigned:	09/14/2015	Date of Injury:	06/23/2011
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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: California, Indiana, 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 (IW) is a 32 year old female who sustained an industrial injury on 06/23/2011. She reported ongoing low back pain. The injured worker was diagnosed as having Low back, Right lower extremity pain and depression, and Anxiety due to chronic pain. Treatment to date has included Medications and diagnostic testing. Currently, the injured worker complains of low back pain. A MRI in November 2011 showed degenerated disc at L5-S1 with bilateral foraminal stenosis and facet arthropathies. Electrodiagnostic studies of right leg (02/2012) were negative. Examination showed tenderness of the lumbar paraspinal muscles. Neurologically she is intact. Current medications include Morphine Sulfate, Motrin, Wellbutrin, Prilosec, Amitriptyline, and gabapentin. Medications allow her to do activities of daily living including working. Her pain is rated as a 10 on a scale of 10 without medications, a 3 on a scale of 10 immediately after medications, and a 7 on a scale of 10 on average. The worker is working full time. A request for authorization was submitted for a Retrospective request for Motrin 800grams #60, and a Retrospective request was submitted for Wellbutrin 150mg #30. A utilization review decision (08/19/2015) non approved both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Motrin 800grams #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are low back, right lower extremity pain; depression, anxiety due to chronic pain. Date of injury is June 23, 2011. Request for authorization is August 13, 2015. According to a January 29, 2015 progress note, current medications included morphine sulfate ER, Motrin, Amitriptyline, gabapentin, Prilosec and Colace. Subjective complaints included low back pain, depression and anxiety. According to a May 13, 2015 progress note, the injured worker restarted Wellbutrin 150 mg. Prior use of Wellbutrin is not documented in the record. According to the most recent progress note in the medical record dated August 6, 2015, subjective complaints include ongoing low back pain. The injured worker is working full time and needs refills on medications. Objectively, there is lumbar spine tenderness to palpation. There is no documentation demonstrating objective functional improvement. There is no documentation of an attempt to wean Motrin 800 mg. There are no pain scores in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no attempt to wean Motrin, Motrin 800 mg #60 is not medically necessary.

Retrospective request for Wellbutrin 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Wellbutrin 150 mg #30 is not medically necessary. Wellbutrin is recommended as an option after other agents. While Wellbutrin has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Bupropion is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to a tri-cyclic or SNRI (antidepressant). Wellbutrin is a second-generation non-tri-

cyclic antidepressants. See the guideline for additional details. In this case, the injured worker's working diagnoses are low back, right lower extremity pain; depression, anxiety due to chronic pain. Date of injury is June 23, 2011. Request for authorization is August 13, 2015. According to a January 29, 2015 progress note, current medications included morphine sulfate ER, Motrin, Amitriptyline, gabapentin, Prilosec and Colace. Subjective complaints included low back pain, depression and anxiety. According to a May 13, 2015 progress note, the injured worker restarted Wellbutrin 150 mg. Prior use of Wellbutrin is not documented in the record. According to the most recent progress note in the medical record dated August 6, 2015, subjective complaints include ongoing low back pain. The injured worker is working full time and needs refills on medications. Objectively, there is lumbar spine tenderness to palpation. There is no documentation demonstrating objective functional improvement to support ongoing Wellbutrin. There is no documentation of prior Wellbutrin use and the efficacy of Wilburton's prior use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation of prior Wellbutrin use and associated efficacy, Wellbutrin 150 mg #30 is not medically necessary.