

<b>Case Number:</b>	CM15-0040279		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Pediatrics, 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 45-year-old female, who sustained an industrial injury on 7/14/11. The injured worker has complaints of exacerbation of her neck pain mainly on the left, which increases with standing, tilting of the head and neck to all directions especially to the left side. She has tenderness and spasm noted over the cervical spine paraspinous/paravertebral area more on the left side with involvement of the trapezius into intrascapular region and limited range of motion of the right shoulder was noted. The diagnoses have included exacerbated cervical pain with radiculopathy; shoulder tendinosis and depression and anxiety. Treatment to date has included regular visits with the psychiatrist who is providing her medication for depression and anxiety; Magnetic Resonance Imaging (MRI) of the cervical spine on 10/22/14; chiropractic treatments; epidural steroid injections; right shoulder surgery in July 2011; physical therapy; acupuncture treatment ad pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, steps to avoid misuse/addiction Page(s): 94-95.

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

**Decision rationale:** ODG guidelines state that urine drug testing should be used in ongoing monitoring. If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts and if dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. None of these criteria are mentioned in the supplied documentation. This request is not medically necessary.

**Wellbutrin 75mg, unspecified quantity:** Upheld

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

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

**Decision rationale:** MTUS guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Specifically, 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 in a small trial. The documentation provided does not comment on the indication for the Wellbutrin, previous medications tried or the dosing schedule, without this information the request is not medically necessary.

**Ativan 0.5mg, unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines; Weaning of Medications Page(s): 24, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most

guidelines limit use to 4 weeks. The documentation provided does not comment on the indication for the benzodiazepine or the dosing schedule, without this information the request is not medically necessary.

**Sentra AM, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines do not comment on the use of Sentra. ODG states that Sentra is not recommended. Sentra AM is a medical food from [REDACTED], [REDACTED], intended for use in management of fatigue and cognitive disorders. It is a proprietary blend of Choline Bitartrate, Cocoa Extract, L-Glutamic Acid, Acetyl L-Carnitine, Dextrose, Ginkgo Biloba, and Hawthorn Berry. See Medical food, Choline & Glutamic Acid. This request is not medically necessary.

**Gabadone, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

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

**Decision rationale:** MTUS guidelines do not comment on the use of GABAdone. ODG states that GABAdone is not recommended. GABAdone is a Medical food from [REDACTED], [REDACTED], that is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, GABA, grape seed extract, griffonia extract, whey protein, valerian extract, ginkgo biloba and cocoa. It is intended to meet the nutritional requirements for sleep disorders and sleep disorders associated with insomnia. This request is not medically necessary.