

<b>Case Number:</b>	CM15-0065619		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 was a 42 year old male, who sustained an industrial injury, September 3, 2008. The injured worker received the following treatments in the past lumbar spine MRI, Norco, Ambien, Tramadol, Topamax, LidoPro Patches, Richie ankle brace, back brace, cold wrap, psychiatry services, lumbar epidural injections and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with discogenic lumbar, ankle inflammation and depression. According to progress note of March 12, 2015, the injured workers chief complaint was low back and left ankle pain. He has lost 25 pounds. The injured worker ambulates with the assistance of a cane. The physical exam noted the injured worker walks with a limp. The injured worker was unable to walk on heel to toes. There was limited range of motion to the left ankle. There was tenderness to the anterior ankle, as well as the Achilles area. The treatment plan included prescriptions renewals for Wellbutrin, Orphenadrine citrate and Topiramate. The medical records not that gabapentin was prescribed in February 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WELLBUTRIN XR 150MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (bupropion) Page(s): 124.

**Decision rationale:** According to the MTUS guidelines, Wellbutrin is the brand name for bupropion, an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. The medical records note that the injured worker is followed for chronic pain and is also diagnosed with depression. The request for Wellbutrin is supported to address the diagnosis of depression. The request for Wellbutrin XR 150MG #60 is medically necessary and appropriate.

**ORPHENADRINE CITRATE 100MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The MTUS guidelines note that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory medications) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the injured worker has been prescribed muscle relaxants for an extended period of time and per evidence based guidelines, the long term use of muscle relaxants is not supported. The request for orphenadrine citrate 100mg #60 is not medically necessary and appropriate.

**TOPIRAMATE 50MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. The MTUS guidelines state that Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The guidelines state that Topiramate has

recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, the medical records do not establish failure of first line anti-convulsants. In addition, the March 12, 2015 report notes that the injured worker has lost 25 pounds. The medical records do not establish if Topiramate is being prescribed for weight loss or as an anti-epileptic medication. The request for topiramate 50mg #60 is not medically necessary and appropriate.