

<b>Case Number:</b>	CM15-0067813		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/10/2002
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 46-year-old male, who sustained an industrial/work injury on 9/10/02. He reported initial complaints of burning in the lower back and progressed to pain in the neck, mid back, and both buttocks and then headaches. The injured worker was diagnosed as having cervicocranial syndrome. Treatment to date has included medication, surgery (lumbar fusion on 1/2004), and spinal cord stimulator in 2011. Currently, the injured worker complains of chronic pain in the neck, head, upper back, shoulder blades, forearms, low back, radiating to the right leg, hands, and feet, rated at 6/10 with medication and 8/10 without medication, and depression. Per the primary physician's progress report (PR-2) on 3/9/15, the injured worker was slow to rise, had tenderness, and symmetrical deep tendon reflexes. The spinal cord stimulator was non-functioning due to scar tissue. Opiate weaning was completed with use of Methadone. The requested treatments include Wellbutrin XL and Methadone. A prior utilization review on 3/13/15 allowed for a modification for the prescriptions Wellbutrin and Methadone. The Wellbutrin was allowed to be continued on a monthly basis instead of being given in three-month intervals and the methadone was allowed for #72 pills to allow for the plan of tapering.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 13-16.

**Decision rationale:** Regarding the request for Wellbutrin, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Wellbutrin provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Wellbutrin is not medically necessary.

**Methadone 5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** Regarding the request for methadone, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, methadone is being prescribed as part of a pain cocktail to be taken with the current use of butrans. However, there is no documentation identifying that methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. In the absence of such documentation, the currently requested methadone is not medically necessary.