

<b>Case Number:</b>	CM15-0074320		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of August 6, 2013. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve requests for tramadol, Wellbutrin, and Naprosyn. A February 3, 2015 progress note and associated RFA form were referenced in the determination. On October 23, 2014, the applicant reported multifocal complaints of neck, shoulder, wrist, and low back pain. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue all medications and physical therapy. On February 3, 2015, the applicant reported ongoing complaints of neck, hand, upper back, shoulder, and low back pain. The applicant was status post a trigger point injection. The applicant reported 50% to 80% pain relief with medications. The applicant stated that his ability to cook, sleep, and bathe have been ameliorated as a result of ongoing medication consumption. The applicant was given multiple trigger point injections. Tramadol, Naprosyn, and Wellbutrin were endorsed. It was suggested that Wellbutrin was being employed for depressive purposes. The attending provider stated, in another section of the note that the applicant had been feeling severely depressed. The applicant was only sleeping three hours at night, it was stated in one section of the note, while another section of the note stated, somewhat incongruously, that the applicant's ability to sleep and socialize have been improved as a result of medication consumption. A rather proscriptive 10-pound lifting limitation was endorsed, seemingly resulting in the applicant's removal from the workplace. On December 12, 2014, the same, unchanged, 10-pound lifting limitation was endorsed. Naprosyn, tramadol, and Remeron

were endorsed on this occasion. 7-8/10 pain with medications versus 2/10 pain without medications was reported. On October 24, 2014, the applicant was given refills of Naprosyn, tramadol, and Wellbutrin. The remainder of the file was surveyed. It appeared, based on the information on file, that Wellbutrin had been introduced for the first time on February 3, 2015, while the applicant had been using Naprosyn and tramadol for a minimum of several months, including on December 12, 2014, October 24, 2014, and September 5, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for Tramadol HCl ER 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple progress notes, referenced above including on October 23, 2014 and on February 3, 2015. While the attending provider recounted some reduction in pain scores affected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of the same. The attending provider's commentary to the effect that the applicant's ability to cook, sleep, and bathe have been ameliorated as a result of ongoing medication consumption did not, in and of itself, constitute evidence of meaningful, material, or substantive benefit effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

#### **Retrospective request for Wellbutrin SR 100mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-14, 16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Finally, the request for Wellbutrin, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. Unlike the preceding medications, it appeared that Wellbutrin was introduced for the first time on or around February 3, 2015, for issues with depression and insomnia. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Wellbutrin may be helpful to alleviate symptoms

of depression, as were present here on or around the date in question. The attending provider had seemingly suggested that previous usage of another atypical antidepressant, Remeron, had been unsuccessful. Introduction of Wellbutrin, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.

**Retrospective request for Naproxen 550mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

**Decision rationale:** Finally, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work as of the date of the request. The applicant had been using Naprosyn for a minimum of several months. Ongoing usage of Naprosyn had failed to curtail the applicant's dependence on opioid agents such as Norco as well as tramadol. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Naprosyn usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request was not medically necessary.