

Case Number:	CM15-0077837		
Date Assigned:	04/29/2015	Date of Injury:	05/18/2001
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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(n) 66 year old male, who sustained an industrial injury on 5/18/01. He reported pain in his neck. The injured worker was diagnosed as having cervical post laminectomy syndrome, depression and opioid dependence. Treatment to date has included Norco since 9/2014, cervical fusion and a home exercise program. As of the PR2 dated 3/12/15, the injured worker reports persistent neck pain. He is also noting pain in his right shoulder, bilateral hips and knees. The injured worker has a history of frequent falls related to neck popping, but falls have decreased since he received a power scooter. The treating physician requested Wellbutrin XL 150mg #30 x 5 refills, Gabapentin 300mg #60 x 5 refills and Icy Hot 50 gram tube #3 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Pain, Bupropion (Wellbutrin), Antidepressants for chronic pain.

Decision rationale: Regarding treatment of Pain with anti-depressants, MTUS and ODG state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Additionally, "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 (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss." Medical records do not indicate the ongoing treatment for neuropathic pain. ODG states regarding bupropion, "Recommended as a first-line treatment option for major depressive disorder." The psychiatric treatment not indicates the patient has adjustment disorder with mixed anxiety and depressed mood and not major depressive disorder. The treating physician states that this medication is for mood and it is stable while on this med. There is no diagnosis of major depressive disorder or adjustment disorder. The patient is being followed closely by the requesting provider making the request for 1 month supply with 5 refills not necessary. Based on the medical records provided, the patient does not meet criteria for usage of bupropion. As such, the request for Wellbutrin XL 150mg #30 with 5 refills is not medically necessary.

Gabapentin 300mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for

treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Based on the clinical documentation provided, there is evidence of neuropathic type pain or radicular pain on exam or subjectively. The requesting provider fails to document evidence of functional improvement. The patient is being followed closely by the provider (every 2 weeks) making the request for 1 month supply with 5 refills not necessary. As such, the request for Gabapentin 300mg #60 with 5 refills is not medically necessary.

Icy hot #3 50gram tubes with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MENTHOL: ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." SALICYLATE (RECOMMENDED) MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." Menthol is only recommended in the acute setting and may cause harm. Salicylate is recommended but because of the menthol not being recommended, the request for Icy Hot is not medically necessary.