

<b>Case Number:</b>	CM15-0093387		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/28/1993
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Physical Medicine & Rehabilitation

### 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 52-year-old female who sustained an industrial injury on 10/28/93. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, psychiatric therapy, and a bilateral medial branch block at the bilateral L3-4. Diagnostic studies include a MRI of the lumbar spine. Current complaints include bilateral arm, foot, and leg pain. Current diagnoses include lumbar myofascial pain, chronic neck and low back complaints, and chronic pain syndrome. In a progress note dated 12/18/14, the treating provider reports the plan of care as Lidoderm, Wellbutrin, and Suboxone. The requested treatments include Suboxone and Bupropion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Suboxone 2/0.5mg film: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, page 26-27.

**Decision rationale:** Per MTUS Chronic Pain, Buprenorphine HCL/ Naloxone HCL is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Review of available reports has no indication rationale or documented opioid addiction/dependency. Suboxone has one of the most high profile side effects of a scheduled III medication such as CNS & Respiratory depression, dependency, hepatitis/hepatic event with recommended abstinence from illicit use of ETOH and benzodiazepine. There is no mention the patient was intolerable to other medication like Neurontin or other opioids use. The risk of serious side effects (such as slow/shallow breathing, severe drowsiness/dizziness) may be increased if this medication is used with other products that may also affect breathing or cause drowsiness along with prescribed psychiatric medicines. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the medication nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury in 1993. The 1 prescription of Suboxone 2/0.5mg film is not medically necessary and appropriate.

**1 prescription of Bupropion HCL XL 150mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Bupropion (Wellbutrin); Antidepressants for treatment of MDD (major depressive disorder).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

**Decision rationale:** Although Wellbutrin (Bupropion), a second-generation non-tricyclic antidepressant has been shown to be effective in the treatment of neuropathy, there was no evidence of efficacy in patients with non-neuropathic chronic spinal pain. Submitted reports have not adequately demonstrated any specific objective findings of neuropathic pain on clinical examination nor documented any failed trial with first-line TCAs without diagnosis of major depression. Although Wellbutrin may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered for this chronic injury. The 1 prescription of Bupropion HCL XL 150mg is not medically necessary and appropriate.