

<b>Case Number:</b>	CM15-0094343		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/18/2001
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old male who sustained an industrial injury on 5/18/01. The mechanism of injury is unclear. Currently his bilateral neck pain continues also noting pain in the right shoulder, right hip, left hip, left knee pain and headaches. He has muscle spasms in the bilateral shoulders and neck areas. He has had several falls and now has a scooter. Medications are gabapentin, hydrocodone, Icy Hot, Wellbutrin, Zantac. Diagnoses include opioid dependence; depressive disorder; cervical post-laminectomy syndrome; status post cervical fusion; right shoulder surgery (9/02). Treatments to date include medications, home exercise program. In the progress note dated 4/23/15, the treating provider's plan of care includes requests to continue with gabapentin and Wellbutrin for neuropathic symptoms and mood, respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin) Page(s): 51-52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant sustained a work injury in May 2001 and continues to be treated for neck pain, right shoulder and hip pain, left hip and knee pain, and headaches. Surgical treatments have included a cervical spine fusion and right shoulder surgery. He is also being treated for depression. When seen, his pain was unchanged. He had poor posture and an antalgic gait and was using a cane. Medications were refilled. Gabapentin was being prescribed at a total dose of 600 mg per day. Wellbutrin XL is being prescribed for depression. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore ongoing prescribing at this dose is not medically necessary.

**Wellbutrin XL 150mg #90 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The claimant sustained a work injury in may 2001 and continues to be treated for neck pain, right shoulder and hip pain, left hip and knee pain, and headaches. Surgical treatments have included a cervical spine fusion and right shoulder surgery. He is also being treated for depression. When seen, his pain was unchanged. He had poor posture and an antalgic gait and was using a cane. Medications were refilled. Gabapentin was being prescribed at a total dose of 600 mg per day. Wellbutrin XL is being prescribed for depression. Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Wellbutrin (bupropion) is a noradrenaline and dopamine reuptake inhibitor that has been shown to be effective in relieving neuropathic pain of different etiologies. In terms of depression, medications that are likely to be optimal for most patients include bupropion. The requested dosing is within the maximum dose of 450 mg per day. It is therefore medically necessary.