

<b>Case Number:</b>	CM15-0094904		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	10/23/1998
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/01/2015
<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: Florida

Certification(s)/Specialty: Family Practice

### 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 73 year old female who sustained an industrial injury on 10/23/1998 resulting in pain and injury to the low back and ankle. Treatment provided to date has included: conservative care; and previous medications. Diagnostic tests performed include: MRI of the lumbar spine was noted, but the results were not provided. Comorbid diagnoses included history of hypertension, diabetes, heart problems and high cholesterol. There were no noted previous injuries or dates of injury. On 04/23/2015, physician progress report noted complaints of severe pain in the lumbar spine with intermittent radiating pain into the upper and mid back, right shoulder, buttocks and right leg. Pain is rated as 8 (1-10) and associated with tingling, electrical shock, cramping, throbbing, aching, dull and sharp sensations and associated with weakness and stiffness. Additional complaints include depression, stress anxiety, insomnia and frustration. The injured worker was not receiving any treatments at the time of the exam. The injured worker reported difficulties with activities of daily living (ADLs) consisting of grooming, bathing, showering, dressing and undressing. The physical exam revealed some mild muscle spasms over the paraspinal musculature of the lumbar spine with no other abnormalities. The provider noted diagnoses of lumbago. The injured worker's work status was not provided. Plan of care includes Bupropion XL, psychopharmacologic management, Soma, Celebrex, laboratory testing, and psychiatric consultation. Requested treatments include: Bupropion XL, psychopharmacologic management, Soma, Celebrex and psychiatric consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion XL (extended release) 150 mg Qty 30 with 2 refills:** Upheld

**Claims Administrator 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: Mental Illness & Stress - Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 50.

**Decision rationale:** MTUS guidelines state regarding Bupropion, "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" Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005) Regarding this patient's case, for what exact diagnosis Bupropion is being described (Depression versus Anxiety) is not clear in the medical records provided. There is no documentation of improved symptoms with this medication. Likewise, this request is not considered medically necessary.

**Psychopharmacologic Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines, page(s) 2-3 Page(s): page(s) 2-3.

**Decision rationale:** The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, a psychopharmacologic management consult has been requested. The rationale for this request is not provided in the documentation. The patient's Wellbutrin medication has already been recommended for non-certification, as there is no

documentation regarding its efficacy. Without additional documentation being provided, this request is not considered medically necessary.

**Soma 350 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Soma is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic "LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Soma is not medically necessary.

**Celebrex 200 mg Qty 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

**Decision rationale:** In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Celebrex is not medically necessary.

**Psychiatric consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines, page(s) 2-3 Page(s): 2-3.

**Decision rationale:** The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about

the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, a psychiatry consultation has been requested. Documentation states that she states that as a result of her industrial injury she suffers from anxiety, depression, stress, and insomnia. Utilization review stated that there was no documentation of a diagnosis of depression or anxiety, and therefore did not certify this request. No other rationale for denial was provided. In light of the fact that the patient does have Depression and Anxiety diagnoses, Psychiatry specialty consultation appears appropriate and is in accordance with California MTUS guidelines. Likewise, this request is considered medically necessary.