

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

WELLBUTRIN XL 150 mg daily with 2 refills related to the lumbar spine

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board certified in Physical Medicine and Rehabilitation with expertise in pain management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines, Pain Chapter
8/26/10, 9/9/10
Medicine Center 9/18/09 to 8/31/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant has a date of birth of XX/XX/XX. He was working as a when he was moving a machine and strained his back. That occurred on XX/XX/XX. He did have a laminectomy. He continued to have pain. He did have a lumbar fusion 12/8/2005. He continues to have pain. He had facet injections and the pain increased. Lyrica was started for neuropathic pain. He also uses Priolosec, Naprelan and Ultram. He has been on Nortryptiline and it caused constipation and was stopped. There are no pain scales or objective functional measures included in the notes. The AP indicates Wellbutrin is prescribed for pain control.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The patient has chronic failed low back syndrome. He has had injection therapy for the back. It is not clear if the facet injections were helpful or not. One note indicates the pain increased 70%. There are no functional objective measurements and no pain scales. He was started on Lyrica for neuropathic pain. Documentation of the neuropathic pain is not clear. It is not clear if Lyrica was helpful or not in the management of this condition. The ODG p. 1054, Edition 2010 Pain chapter states that Wellbutrin is a second generation non tricyclic antidepressant and has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. There was no evidence of efficacy in patients with non neuropathic chronic low back pain. There are side effects such as insomnia. The notes document that insomnia has been an ongoing issue. This patient does not clearly have documentation of

neuropathic pain. There is not a medical history showing any other medical conditions that could be interfering with his recovery – such as diabetes. His depression is not clearly documented. Lyrica was started for neuropathic pain. There is no indication provided for the Wellbutrin. It is not documented what type of pain the patient is experiencing and if there are other medical factors that could be the cause of it. There is no documentation of the effectiveness of Lyrica prior to considering the addition of another medication. Functional objective measures, pain scales, anxiety and depression scales and a medical history were not provided. The reviewer finds that medical necessity does not exist at this time for WELLBUTRIN XL 150 mg daily with 2 refills related to the lumbar spine.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)