

Case Number:	CM13-0031201		
Date Assigned:	12/04/2013	Date of Injury:	05/20/2007
Decision Date:	09/08/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Anesthesiologist and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who reported injury on 05/20/2007. The patient was noted to have mid to low back pain radiating down both legs to her feet, greater on the left side. The patient's diagnoses were noted to include discogenic disease of the low back at L5-S1 with right sciatica into the buttocks and upper thigh, cervical discopathy, bilateral carpal tunnel syndrome, and bilateral pes anserine bursitis of the knees. The request was made for a prescription of bupropion XL 150 mg #30 between 08/01/2013 and 08/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF BUPROPION XL 150MG, #30 (DOS: 8/1/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27.

Decision rationale: Per the California MTUS Guidelines, bupropion is recommended as an option after other agents. While bupropion has shown some efficacy in neuropathic pain. The clinical documentation submitted for review indicated the patient had neuropathic pain. There

was a lack of a corresponding examination to the date of request, 08/01/2013. Given the above and the lack of documentation, the request for a prescription of Bupropion XL 150 mg, #30 between 8/1/2013 and 8/1/2013 is not medically necessary.