

Case Number:	CM13-0052903		
Date Assigned:	12/30/2013	Date of Injury:	08/10/1999
Decision Date:	03/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 45-year-old male who reported an injury on 08/10/1999. The patient is currently diagnosed with cervical radiculopathy, lumbar radiculopathy, headaches, chronic pain, depression, and chronic constipation. The patient was seen by [REDACTED] on 09/27/2013. The patient reported 7/10 pain with medication. Physical examination revealed tenderness to palpation bilaterally in the paravertebral area of L4-S1, moderately limited range of motion, and no changes in the patient's sensory examination. Treatment recommendations included discontinuation of Wellbutrin, a urine drug screen, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) prescription on Wellbutrin 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Bupropion (Wellbutrin®).

Decision rationale: California MTUS Guidelines state antidepressants are recommended for neuropathic pain, and as a possibility for non-neuropathic pain. Official Disability Guidelines

state Wellbutrin is recommended as a first line treatment option for major depressive disorder. As per the documentation submitted, the patient does not maintain a diagnosis of major depressive disorder. Additionally, it was stated by [REDACTED] on 09/27/2013 that the patient was to discontinue Wellbutrin. Based on the clinical information received, the request is non-certified.

one (1) urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was over 14 years ago to date, and there is no indication of noncompliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.