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| Case Number: | CM13-0055649 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/01/1999 |
| Decision Date: | 03/31/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 50 year old woman who sustained a work related injury on February 1 1999. According to a note dated on September 30 2013, the patient was complaining of neck and back pain as well as bilateral shoulder pain. The pain intensity was 10/10 without pain medications. Her physical examination showed cervical tenderness with reduced range of motion. Her gait was antalgic. She was diagnosed with cervical radiculopathy, right lower extremity complex regional syndrome, headaches, fibromyalgia and depression. The provider requested authorization to prescribe Bupropion ER .

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: According to MTUS guidelines, Bupropion showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in chronic neck and back pain. Therefore, the prescription of Bupropion ER 150mg is not medically necessary.

