

Case Number:	CM14-0003534		
Date Assigned:	01/31/2014	Date of Injury:	07/16/1990
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 66 year old female with a reported date of injury of 07/16/1990. The mechanism of injury was not indicated in the clinical documentation provided for review. The injured worker had constant neck and left upper extremity pain. The injury affected the shoulder, armpit, rotator cuff, trapezius, clavicle, scapula, and lower left arm. The injured worker had constant neck and back pain. The injured worker has a diagnosis of nerve root and plexus disorder Cervicalgia, unspecified myalgia and myositis, other fragments of torsion dystonia, trunk injury, and an unspecified spasm of muscle. The injured worker had an order for Wellbutrin. The request for authorization was submitted 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS WELLBUTRIN SR 150MG, TWO TIMES A DAY, WITH 3 REFILLS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient's injury affected the shoulder, armpit, rotator cuff, trapezius, clavicle, scapula, and lower left arm. The injured worker had constant neck and back pain. The MTUS Chronic Pain Guidelines state 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). While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. 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. The medical records provided for review includes no evidence of the rationale for the medication. The efficacy of the medication was unclear. There was a lack of documentation of a complete and recent assessment of the injured worker's condition. Based on this, the request for Wellbutrin is not medically necessary and appropriate.