MAXIMUS Federal Services

Case Number:	CM14-0007785		
Date Assigned:	02/10/2014	Date of Injury:	06/05/2012
Decision Date:	07/31/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 55-year-old female who has submitted a claim for cervical radiculopathy, lumbar radiculitis, bilateral carpal tunnel syndrome, bilateral elbow pain, anxiety, depression, right cubital tunnel syndrome, bilateral labral epicondylitis, and herniated nucleus pulposus of the lumbar spine at l5-6 with extrusion, associated with an industrial injury date of June 5, 2012.Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain radiating bilaterally to the lower extremities. Pain was rated 5/10 with medications and 8/10 without medications. On physical examination, spinal vertebral tenderness was noted at C5-7. The treatment to date has included pool therapy, chiropractic care, TENS unit, and medications including Bupropion 150 mg once daily (since at least August 2012) and vitamin D 2000 IU 2 tablets once daily (since at least November 2012). Utilization review from December 27, 2013 denied the request for Bupropion 150 mg #30 because there was no documentation that the medication was considered after the patient had not responded to tricyclics or SNRIs; and vitamin D 2000 IU #100 because there was no documentation of a condition requiring supplementation with Vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPROPION 150 MG QUANTITY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: According to page 16 of the California MTUS Chronic Pain Medical Treatment Guidelines, Bupropion is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor), which has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. 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. In this case, Bupropion was being prescribed since at least August 2012 (23 months to date) and the patient reported that Bupropion was helpful for her depression. Moreover, the patient presented with symptoms of neuropathic pain. However, the medical records failed to provide evidence of trial with recommended first-line therapy options such as tricyclics or SNRIs. Therefore, the request for Bupropion 150 Mg quantity 30 is not medically necessary.

VITAMIN D 2000 LU QUANTITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin D (Cholecalciferol).

Decision rationale: California MTUS does not specifically address vitamin D. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends consideration of Vitamin D in chronic pain patients and supplementation if necessary. Inadequate Vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. In this case, Vitamin D supplementation was prescribed because of finding of insufficient serum vitamin 25-(OH)-D levels of less than 30 ng/mL. Vitamin D deficiency was established; hence, the patient may benefit from Vitamin D supplementation. However, the present written request failed to specify the quantity of drug to be dispensed as well as the frequency and duration of use. Although Vitamin D supplementation may be appropriate, the present written request is incomplete. Therefore, the request for Vitamin D 2000 LU quantity is not medically necessary.