

Case Number:	CM14-0014974		
Date Assigned:	02/28/2014	Date of Injury:	09/30/1997
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 48-year-old female who reported an injury on September 30, 1997. The mechanism of injury was not provided. The current diagnoses included neuropathic complaints and major depressive episode with panic disorder. Per the November 6, 2013 progress report, the injured worker demonstrated tenderness to palpation of the lumbar spine and altered gait. In the treatment plan, the provider recommended the injured worker continue her home exercise program. Per the December 11, 2013 progress report, the injured worker reported a weight loss of 40 pounds. Objective findings included tenderness of the lumbosacral junction, as well as the superior iliac crest. Motor strength was noted to be grossly intact. In the treatment plan, the provider recommended the injured worker undergo a second lumbar epidural steroid injection for her sciatica down the right lower extremity. It was noted the injured worker had no obvious or focal nerve damage. The rationale for the current request was not provided. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TABLETS OF BUPROPION HCL XL 150 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 - LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): page(s) 13-16..

Decision rationale: The Chronic Pain Medical Treatment Guidelines state bupropion has shown some efficacy in neuropathic pain but there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. The assessment of treatment efficacy should include pain outcomes, functional status, changes in use of other analgesic medication, sleep quality and duration, psychological assessment, and side effects. There is a lack of subjective complaints and objective findings to indicate the injured worker is experiencing neuropathic pain. The medical records provided indicate an ongoing prescription for bupropion since at least December 9, 2013. The efficacy of the medication is unclear. In addition, the guideline dosing information recommends up to 200 mg twice daily, for a total of 400 mg a day. The dose and frequency of the injured worker's current bupropion is not present in the medical record. The submitted request does not specify the frequency. The request for ninety tablets of Bupropion HCL XL 150 mg is not medically necessary or appropriate.