

Case Number:	CM14-0018125		
Date Assigned:	04/16/2014	Date of Injury:	11/04/1997
Decision Date:	07/14/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal 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 70-year-old female who was injured on 11/04/1997. The mechanism of injury is unknown. The provided medical records (56 pages) do not include medical reports or information, physical examination, prior treatment history, or current medications. A prior utilization review dated 02/11/2014 mentioned the diagnosis of cervicobrachial syndrome and other myelopathy. The treating provider has requested Bupropion 100mg # 60 x 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPROPION 100MG #60 X 6 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

Decision rationale: According to the CA MTUS guidelines, Bupropion is recommended as an option after other agents. It is a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or norepinephrine reuptake inhibitor (SNRI). The medical records document the patient diagnosed with cervicobrachial syndrome and other myelopathy. The medical records do not demonstrate a prior trial of a

tricyclic or an SNRI. There is not enough information to appropriately deviate from the guidelines. Therefore, this request is not medically necessary. The medical necessity for the requested item has not been established. Thus, the requested for Bupropion 100mg #60 x 6 refills is not medically necessary.