MAXIMUS Federal Services

Case Number:	CM14-0018653		
Date Assigned:	04/18/2014	Date of Injury:	12/05/2011
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Ohio. 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 59-year-old female who reported an injury on 12/05/2001. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 12/06/2013, the injured worker complained of severe low back pain radiating down both legs with weakness, and numbness and tingling in both legs. The injured worker rated her pain 10/10. Upon the physical examination, the provider noted the injured worker to be in severe distress upon arrival. The lower lumbar spine from L3 down to the entire sacral area was treated with class IV laser therapy for approximately 5 minutes. An additional 3 minutes of class IV laser therapy was performed at S1-2 level approximately 2 to 3 cm lateral to the midline on the right with nano hyperoxygenated bath for 30 minutes. The injured worker has diagnoses of lumbar radiculopathy, herniated lumbar disc, pain related insomnia, and myofascial syndrome, neuropathic pain, and prescription narcotic dependence. The provider requested bupropion 100 mg (1 by mouth twice a day) #60. However, the rationale was not provided for review within the documentation. The Request for Authorization was not submitted for review in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPROPION 100MG 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: The request for bupropion 100 mg (1 by mouth twice a day) #60 is non-certified. The injured worker complained of severe low back pain radiating down both legs with weakness, and numbness and tingling in both legs. The injured worker rated pain at 10/10 in severity. The California MTUS Guidelines recommend bupropion a form of antidepressants as a first line option for neuropathic pain, and as a possibility for a non-neuropathic pain. The guidelines also note buproprion, a second generation non-tricyclic antidepressant, has been shown to be effective in relieving neuropathic pain of different etiologies in small trials. While buproprion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. There is a lack of objective findings indicating the injured worker to have been diagnosed with neuropathic pain. Therefore, the request for Bupropion 100 mg #60 is not medically necessary.