

Case Number:	CM14-0110007		
Date Assigned:	08/01/2014	Date of Injury:	03/20/2009
Decision Date:	09/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 59-year-old male who reported an injury of unknown mechanism on 03/20/2009. On 01/04/2013, his diagnoses included advanced bilateral knee degenerative arthritis with bone-on-bone contact of the medial femoral joint line with severe degeneration of the residual medial meniscus and inflammatory changes, chronic anterior cruciate ligament tear of the right knee, bilateral shoulder pain with full-thickness rotator cuff tears, and acromioclavicular joint arthritis, as well as chronic long head of the biceps tendon tear, chronic cervical spine pain with discogenic disease, but no evidence of radiculopathy, chronic lumbar spine pain with discogenic disease with no clinical or electrodiagnostic evidence of radiculopathy, intermittent paroxysms of plantar fasciitis with right third intermetatarsal space Morton's neuroma and bilateral epicondylitis. Regarding the axial spine, the plan of care included, observation, a home-based exercise program, and judicious use of nonsteroidal anti-inflammatory medications, and regarding the shoulder, access to an orthopedic surgeon, specializing in complex shoulder disorders. Regarding the bilateral epicondylitis, all that was required was observation, tennis elbow bracing, and judicious use of nonsteroidal anti-inflammatory medications. Regarding the very severe arthritis in his bilateral knees, all further treatments should be per evidence-based medicine and ultimately, knee replacement surgery. Regarding the right foot, this record does have evidence of Morton's neuroma and a treatment plan was deferred to a fellowship-trained foot and ankle specialist. There were no medications mentioned in the submitted documentation. There was no rationale submitted with the documentation. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: Per the California ACOEM Guidelines, brief courses of antidepressants may be helpful to alleviate symptoms of depression, but because they take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Longstanding character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile. Bupropion is used to treat depression and to assist in smoking cessation. There is no evidence in the submitted documentation that this injured worker has a diagnosis of depression or is attempting to quit smoking. Additionally, the request did not include any frequency of administration. Therefore, the request for Bupropion hydrochloride 300 mg #30 is not medically necessary.