

Case Number:	CM14-0158200		
Date Assigned:	10/01/2014	Date of Injury:	08/01/2001
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 Emergency 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 injured worker is a 56 year-old male, who sustained an injury on August 1, 2001. The mechanism of injury occurred when he fell to the bottom of an aqueduct. Diagnostics have included: August 22, 2014 urine drug screen reported as showing Bupropion, Tramadol but not Oxycodone. Treatments have included: Cervical fusion, medications. The current diagnoses are: cervical discogenic disease with fusion, lumbar discogenic disease with fusion, ongoing severe pain. The stated purpose of the request for Bupropion 100mg #120 was for depression. The request for Bupropion 100mg #120 was denied on September 16, 2014, citing a lack of documentation of the medical necessity for its use. The stated purpose of the request for Nexium 40mg #30 was not noted. The request for Nexium 40mg #30 was denied on September 16, 2014, without noted rationale. Per the report dated August 4, 2014, the treating physician ongoing pain and depression. Physical exam findings were noted as cervical range of motion restriction with spasm, lumbar spine restricted range of motion, weakness to foot flexors bilaterally, decreased sensation to right C3-5 and left L3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition Anti-depressants

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

Decision rationale: The requested Bupropion 100mg #120, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), Page 27, consider this atypical anti-depressant as an option, after trials of tricyclic and SNRI antidepressants, and have shown some efficacy in the treatment of neuropathic pain but no efficacy for non-neuropathic chronic pain. The injured worker has pain and depression. The treating physician has documented cervical range of motion restriction with spasm, lumbar spine restricted range of motion, weakness to foot flexors bilaterally, decreased sensation to right C3-5 and left L3-5. The treating physician has not documented the following: duration of treatment, failed trials of tricyclic or SNRI antidepressants, nor objective evidence of derived functional improvement. The criteria noted above not having been met, Bupropion 100mg #120 is not medically necessary.

Nexium 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Nexium 40mg #30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain and depression. The treating physician has documented cervical range of motion restriction with spasm, lumbar spine restricted range of motion, weakness to foot flexors bilaterally, decreased sensation to right C3-5 and left L3-5. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Nexium 40mg #30 is not medically necessary.