

Case Number:	CM14-0178390		
Date Assigned:	10/31/2014	Date of Injury:	10/13/2010
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family 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:

This is a 61 year old female patient who sustained a work related injury on 10/13/10. The exact mechanism of injury was not specified in the records provided. The current diagnoses include shoulder pain, lumbago, cervicgia and fibromyalgia. Per the doctor's note dated 9/22/14, patient has complaints of pain in back, neck, left shoulder, arm, thumb and wrist pain at 8/10 and depression and anxiety. Physical examination revealed left arm abduction 90° tenderness on palpation, normal strength, and normal neurological examination. The current medication lists include Wellbutrin, Advair, Norco, Trazodone and nabumetone. The patient has had MR arthrogram of the left shoulder. She had received a steroid injection in the left shoulder on 6/2/14 and in left thumb on 7/7/14. The patient's surgical history include left LRTI (Ligament Reconstruction Tendon Interposition) surgery in 10/10/2014, cholecystectomy, elbow surgery, foot surgery, hand surgery, hysterectomy, repair of rotator cuff, skin graft and tubal ligation. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: According to CA MTUS guidelines cited below "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." Per the doctor's note dated 9/22/14, physical examination revealed normal strength, and normal neurological examination. Any evidence of the neuropathic pain was not specified in the records provided. In addition there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. The medical necessity of the request for Wellbutrin 150 mg #60 is not fully established in this patient.

Nabumetone 750 mg #120: Overturned

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 Anti-inflammatory medications Page(s): 22.

Decision rationale: Nabumetone belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Nabumetone for this injury. He has had multiple surgeries including Ligament Reconstruction Tendon Interposition surgery, shoulder, elbow, hand and foot surgery. He has limited ROM and tenderness of the left arm. The history and physical exam findings reveal that the patient has significant musculoskeletal pain. NSAIDs like nabumetone are first line treatment for musculoskeletal pain. The Nabumetone 750 mg #120 is deemed medically appropriate and necessary for this patient.