

Case Number:	CM14-0032965		
Date Assigned:	04/18/2014	Date of Injury:	01/17/1995
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
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 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 48 year old male who was injured on 01/17/1995. The patient's medications as of 03/19/2014 (VAS with medications is 3-4/10 and without medications is 9/10) include OxyContin 20 mg q.i.d., Provigil 200 mg 1-2 per day, Aciphex 20 mg 1 per day, Wellbutrin SR 200 mg q. day, Cymbalta 30 mg b.i.d., lorazepam 1 mg b.i.d., Norco 10/325 q.i.d. # 120/30 days. Urine drug screen dated 12/17/2013 confirms positive results for hydrocodone, norhydrocodone, hydromorphone, and Nortriptyline; only Norco and Nortriptyline were reported. Clinic note dated 03/19/2014 indicates the patient presents with complaints of severe low back, buttock, and leg pain. He is followed on chronic future medical pain management. He reports increased pain this month. Without medication, the patient's pain level is 9-10 and with medications his pain level is a 3-4. On exam, his lumbar spine shows decreased range of motion with pain past 40 degrees of flexion, 20 degrees of extension. He has negative straight leg raise bilaterally with significant sacroiliac pain with flexion as well as straight leg raise. There is moderate myofasciitis. There are no motor or sensory deficits elicited. The patient has ongoing pain on maintenance medications. He is instructed to continue his medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

WELLBUTRIN SR 200MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine) Page(s): 43-44.

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

Decision rationale: The ODG and MTUS guidelines recommend Wellbutrin for diabetic neuropathic pain as a third-line medication. The guidelines do not recommended Wellbutrin for non-neuropathic pain. The medical records document the patient has mainly non-neuropathic pain and is on a multi-drug regimen. He does take Cymbalta which is used for neuropathic pain and he takes opioids for non-neuropathic pain. There is no indication provided to justify the Wellbutrin in addition to the other medications listed. The clinical information provided does not meet medical criteria according to the ODG/MTUS guidelines at this time. Based on the ODG/MTUS guidelines the medication is not certified.