

Case Number:	CM14-0071965		
Date Assigned:	07/16/2014	Date of Injury:	07/08/2010
Decision Date:	08/25/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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:

This is a 47-year-old male with a 7/8/10 date of injury, when he developed pneumoconiosis at his work place. The patient underwent bilateral lung transplantation on 7/18/12 and is on an immunosuppressive regimen. The patient was seen on 10/16/13 with complains of continued reflux symptoms, marital problems, sexual dysfunction, insomnia and depression. He also reported dyspnea and occasional nonproductive cough. The patient stated that he had been seeing psychologist for past 2 weeks and that it helped him. The patient was seen on 05/01/14 with complaints of difficulties with erections, insomnia and substernal pain due to reflux. The patient was smiling and appeared comfortable. Exam findings revealed blood pressure 111/76, 2/6 systolic murmur from the apex to the left axilla and right carotid bruit. The diagnosis is status post bilateral lung transplantation (7/18/12), insomnia, reflux, erectile dysfunctions, depression and shortness of breath. Treatment to date: bilateral lung transplants (7/18/12) and medications. An adverse determination was received on 4/30/14 given that there was a lack of documentation regarding the patient's psychological and physical condition and that there were no subjective indications for this treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter-Antidepressants).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. MTUS recommends SNRIs as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In addition, Official Disability Guidelines identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. The progress note dated 5/1/14 stated that the patient was in the good mood and was complaining of sexual difficulties, insomnia and reflux. There is not enough documentation indicating that the patient suffers from depression. In addition, there is no rationale with regards to the patient's need for Bupropion. Therefore, the request for Bupropion HCL is not medically necessary.