

Case Number:	CM14-0075950		
Date Assigned:	07/16/2014	Date of Injury:	11/27/2001
Decision Date:	08/29/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/23/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old male with date of injury of 2001. The listed diagnoses per [REDACTED] are: Lumbar compression fracture; Low back pain. Thoracic compression fracture; Thoracic pain; Cervical pain.; Post-concussion syndrome.; Cervical spondylosis and cervical facet syndrome. According to progress report 03/26/2014, the patient presents with increased neck and upper back pain. The patient reports pain as 8/10 without medication and 6/10 with medication. The patient reports quality of sleep is poor. He is taking his medication as prescribed and side effects noted include GI (gastrointestinal) distress. The patient's current medication regimen includes lansoprazole 15 mg, bupropion HCl 300 mg, Neurontin 300 mg, Valium 10 mg, Lidoderm 5% patch, Arthrotec 0.2 mg, Rozerem 8 mg, atenolol 50 mg, and amlodipine besilate 5 mg. Treater would like a refill of bupropion HCl XL 300 mg #60 with 2 refills for patient's history of TBI and depression. Utilization Review denied the request on 04/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL XL 300mg #60, with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines - Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a refill of bupropion HCL XL 300 mg #60 with 2 refills for patient's history of TBI (traumatic brain injury) and depression. The MTUS Guidelines on antidepressants page 13 to 15 states while bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Bupropion is also supported for depression and anxiety. This patient appears to suffer from depression as well as chronic back pain. The patient has history of TBI as well. Use of Bupropion appears medically indicated. Recommendation is that the request is medically necessary.