

Case Number:	CM14-0191046		
Date Assigned:	12/05/2014	Date of Injury:	10/09/1990
Decision Date:	02/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab, 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 69-year-old female with a date of injury of 10/09/1999. According to progress report 09/29/2014, the patient presents with back, shoulder, and arm pain. The patient rates her pain 10/10 at its worst and 1/10 at its best. On average throughout the past week, "It was 10/10." The pain is constant, lasting throughout the day. Current medications include Norco 10/325 mg, OxyContin 30 mg, Lidoderm 5% patch, Motrin 800 mg, Soma 350 mg, Zantac 150 mg, ibuprofen 800 mg, Ambien 10 mg, Zoloft 100 mg, and Valium 5 mg. The patient also complains of depressed mood, anxiousness, stress, and mood swings. The patient is status post C-spine fusion in 2005 and lumbar surgery in 1995. Examination revealed crepitus noted in the bilateral shoulder and trigger points palpated in the upper trapezius, lower trapezius, and sternocleidomastoid. There is decreased range of motion with noted pain of the cervical spine, lumbar spine, and bilateral shoulders. The listed diagnoses are: 1. Sprain/strain of neck. 2. Cervicalgia. 3. Cervical brachial syndrome. 4. Myofascial pain/myositis. 5. Cervical spinal stenosis. 6. Cervical disk degeneration. 7. Seizures. 8. Cervical radiculopathy. 9. Adjustment disorder with mixed anxiety and depressed mood. 10. Chronic pain syndrome. Treatment plan is for referral for neural surgery and follow up in 4 weeks. This is a request for Wellbutrin XL 150 mg tablets, no refills. Treatment reports from 04/08/2014 through 09/29/2014 were reviewed and provide no discussion of this request. Utilization review denied the request on 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic for Bupropion XL 150 mg # 30, no refills: Overturned

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

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

Decision rationale: This patient presents with neck, back, shoulder, and arm pain. The current request is for generic Bupropion XL 150 mg tablets #30 with no refills. MTUS Guidelines regarding antidepressants page 13 to 15 states, "While Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Progress reports provided for review do not list Wellbutrin as a current medication. This request appears to be an initial request. The medical records document that the patient suffers from chronic neck and low back pain with numbness and paresthesia to light touch noted in all digits of the bilateral hands. The patient also has been diagnosed with depression. This patient meets the indication for this medication as there is report of neuropathic pain and depression. The requested Bupropion is medically necessary.