

Case Number:	CM15-0009110		
Date Assigned:	01/27/2015	Date of Injury:	03/24/2011
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 54-year-old male, with a reported date of injury of 03/24/2011. The diagnoses include anxiety, depression, chronic pain, sciatica, and lumbar disc disease. Treatments have included Celebrex, physical therapy, psychological treatment, Wellbutrin, Norco, and Meloxicam. The medical report dated 12/02/2014 indicates that the injured worker had increasing pain and tingling to the left buttock and back of the knee. He continued to have anxiety and depression aggravated by his physical condition. It is documented that the Bupropion helped the injured worker's depression significantly and improved his mood and motivation. The physical examination showed normal mood and affect, palpable increased muscle spasm, and palpable paralumbar spasm and tenderness with sciatica. The treating physician requested bupropion to better control depression, and Celebrex to manage chronic pain and to avoid adverse effects and addictive nature of narcotics. Previous use of NSAIDs caused abdominal pain. The claimant had been taking Norco with the Celebrex. On 12/17/2014, Utilization Review (UR) denied the request for Bupropion HCL (Wellbutrin) 100mg #60, with three refills, and modified the request for Celebrex 200mg #30, with four refills. The UR physician noted that due to the high risk of withdrawal symptoms, a slow weaning process is recommended when discontinuing opioid use, there was not enough evidence to support the use of Celebrex for the following five months, and the generic medication bupropion HCL was not considered equivalent to Wellbutrin. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL 100 mg, sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-15. Decision based on Non-MTUS Citation Mental and Bupropion

Decision rationale: Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. It is recommended as a first-line treatment option for major depressive disorder. In this case, the claimant did not have a diagnosis of major depression disorder or neuropathic pain. As a result, the request for Bupropion is not medically necessary.

Celebrex 200 mg, thirty count with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. It is not indicated of pain due to NSAID use as was noted in this case. In addition, there was no indication of using an NSAID with Norco. Pain improvement to the Celebrex alone could not be delineated. The use of Celebrex is not medically necessary.