

<b>Case Number:</b>	CM15-0133323		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	02/05/1993
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 65 year old male, who sustained an industrial injury on February 5, 1993. He was diagnosed with chest pain and coronary atherosclerosis. He had a history of hyperlipidemia, hypertension, congestive heart failure, coronary artery disease and coronary bypass surgery in 1993. Treatment included surgery, and cardiac medications. Currently, the injured worker was noted to have trace extremity edema, but denied chest pain, dyspnea, palpitations, syncope and dizziness. He was currently managed with his present medications and was stable. The injured worker was ordered to continue with the recommended medications. The treatment plan that was requested for authorization included prescriptions for Niaspan and Bupropion HCL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Niaspan ER 500mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lipid management in adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 49 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thiamine and niacin deficiency states.<http://www.odg-twc.com/index.html>.

**Decision rationale:** Niacin can be used as a monotherapy in case of niacin deficiency or intolerance to statin. There is no clear evidence of intolerance to statin in this case. Therefore, the request is not medically necessary.

**Bupropion HCL (XL) ER 150mg #60 with 6 refills:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However, it cannot be used as a first line therapy. It should be used after failure of tricyclic. There is no clear evidence of failure of tricyclic or the presence of active neuropathic pain. Based on the above, the prescription of Bupropion HCL (XL) ER 150mg #60 with 6 refills is not medically necessary.