

Case Number:	CM15-0049585		
Date Assigned:	03/23/2015	Date of Injury:	11/13/2014
Decision Date:	07/30/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/16/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 48 year old female, who sustained an industrial injury on 11/13/14. The injured worker has persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche. The diagnoses have included major depressive disorder, single episode, unspecified and psychological factors affecting medical condition with stress-intensified headaches and neck/shoulder/low back muscle tension/pain. Treatment to date has included bupropion; buspar; ambien and psychological treatment. The request was for bupropion 100mg and buspar 10mg. Stress-intensified headache and neck/shoulder/low back muscle tension/pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 100mg: Upheld

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

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

Decision rationale: MTUS states "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side- effect profile: Headache, agitation, insomnia, anorexia, weight loss
Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily." (Maizels, 2005) The injured worker has been diagnosed with major depressive disorder, single episode, unspecified and psychological factors affecting medical condition with stress-intensified headaches and neck/shoulder/low back muscle tension/pain. Bupropion is indicated for treatment of Major Depressive Disorder. However, the request does not specify the quantity being requested. Thus, the request for Bupropion 100mg is not medically necessary.

Buspar 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Anxiety medications in chronic pain.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The request for Buspar 10mg does not indicate the quantity being requested. Buspar is approved for short-term relief of anxiety symptoms. There is no documentation regarding the nature of anxiety symptoms being experienced by the injured worker. The request is not medically necessary at this time.