

Case Number:	CM15-0087944		
Date Assigned:	05/12/2015	Date of Injury:	02/06/2003
Decision Date:	06/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained an industrial injury on 2/6/2003. His diagnoses, and/or impressions, are noted to include: right knee tibial plateau fracture, status-post open rotation internal fixation; right knee osteomyelitis, status-post incision and drainage; right knee severe osteoarthritis; bilateral knee pain; left knee medial meniscus and lateral tears with internal derangement; lumbar disc displacement with stenosis, chronic left lumbar radiculopathy, status-post micro-lumbar decompression surgery (10/15/13); and chronic pain. Recent bilateral knee x-rays were stated to have been done on 8/27/2014; and recent electrodiagnostic studies on 5/1/2014. His treatments have included Orthovisc injection therapy; left lumbar epidural steroid injection therapy (2/27/15); medication management; home exercise program; weight-bearing as tolerated with modified work duties and rest from work. Progress notes of 3/17/2015 reported radiating neck pain into the upper extremities; constant low back pain/spasms that radiates into the lower extremities, with numbness/ tingling/ weakness, that is aggravated by activity which causes difficulty sleeping; and lower left-side rib pain. All pain was reported to be slightly improved with medications; which were said to be associated with gastrointestinal upset. The objective findings were noted to include that he was in moderate-severe distress; with an antalgic gait and was slow; with the use of a cane; had moderately limited and painful range-of-motion to the cervical and bilateral knees; and with a lumbar spine brace. The physician's requests for treatments were noted to include Bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 9, 74-97, 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Although Wellbutrin (Bupropion), a second generation non-tricyclic antidepressant has been shown to be effective in the treatment of neuropathy, there was no evidence of efficacy in patients with non-neuropathic chronic spinal pain. Submitted reports have not adequately demonstrated any specific objective findings of neuropathic pain on clinical examination. There is also no documented failed first-line treatment with tricyclics to support for this second-generation non-tricyclic antidepressant, Wellbutrin. Reports have not shown any functional benefit from previous treatment rendered for this chronic injury. The Bupropion 150mg #30 is not medically necessary and appropriate.