

Case Number:	CM15-0230868		
Date Assigned:	12/04/2015	Date of Injury:	05/11/2010
Decision Date:	01/25/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	11/24/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 57 year old female who sustained an industrial injury on 05/11/2010. Diagnoses are displacement of cervical intervertebral disc without myelopathy; carpal tunnel syndrome; cervical spondylosis without myelopathy, and depressive disorder. On 11/05/2015 she presented with complaints of bilateral neck pain with radiation to right and left C2-7 distribution and both shoulders. Associated symptoms included both upper extremity weakness and numbness. Advil, Lidocaine and Valium reduced pain by 30%, Norco reduces pain by 50%. A signed opioid contract is on file, and a urine drug screen from 2014 was consistent with prescribed medication. Additional medication included Wellbutrin and Ranitidine. Physical examination revealed diminished light touch sensation in a C6 on the side dermatomal distribution; cervical spine- tenderness to palpation over paraspinal muscles overlying the facet joints and 1+ muscle spasm over upper trapezius; Lhermitte's sign positive. Wellbutrin was added for increasing neuropathic pain, cervical radiculitis. Bupropion 150mg was requested on 11/06/2015 and noncertified by UR on 11/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 150 tab SR #60 Refills 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Tricyclic and SNRI antidepressants are recommended as first line options in neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. Bupropion has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (n=41). She also has the diagnosis of depressive disorder NOS. Even though a tricyclic or SNRI do not appear to have been attempted in notes provided for review, as bupropion has shown efficacy in neuropathic pain medical necessity has been established. This request is medically necessary.