

Case Number:	CM14-0160065		
Date Assigned:	10/03/2014	Date of Injury:	11/19/2013
Decision Date:	11/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female who has submitted a claim for lumbago associated with an industrial injury date of November 19, 2013. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the bilateral legs, right greater than left, with numbness and tingling. Pain was rated 7/10. She reports functional improvement and pain relief with medications. Physical examination showed an antalgic gait; tenderness over the paralumbar musculature with spasm; normal range of motion of the lumbar spine but with pain on forward flexion and extension at 30 degrees; bilaterally positive straight leg raise; and decreased pinprick sensation in the right calf compared to the left. The diagnoses were chronic intractable low back pain; multilevel disc herniations with degenerative disc disease; bilateral lower extremity radiculitis; neuropathic pain; moderate anxiety; and moderate depression. Treatment to date has included Cyclobenzaprine, Diclofenac, Tramadol, Wellbutrin, and Physical Therapy. Utilization review from August 29, 2014 denied the request for Wellbutrin XL 150mg 30s because there is no evidence of improvement after using this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

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

Decision rationale: As stated on page 16 of CA MTUS Chronic Pain Medical Treatment Guidelines, bupropion (Wellbutrin) is a second-generation non-tricyclic antidepressant, which is likewise effective in treating neuropathic pain. In this case, Wellbutrin intake was noted as far back as June 2014 for depression and neuropathic pain. However, there were no subjective and objective findings of psychosocial issues such as anxiety and depression. Likewise, the patient still has significant low back pain. There was no objective evidence of pain improvement and functional benefit directly attributed to Wellbutrin intake. The medical necessity for continued use cannot be established because there is no evidence that this medication has been beneficial to the patient. Therefore, the request for Wellbutrin XL 150mg #30 is not medically necessary.