

Case Number:	CM14-0102524		
Date Assigned:	08/13/2014	Date of Injury:	02/09/2002
Decision Date:	06/23/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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: Family Practice

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 59 year old female, who sustained an industrial injury on 2/09/2002. Diagnoses include cervicgia, pain in joint shoulder region and unspecified disorder muscle ligament and fascia. Treatment to date has included medications including Lyrica, Celebrex, Zorvolex, Senokot, Ambien and Percocet. Per the Primary Treating Physician's Progress Report dated 6/04/2014, the injured worker reported low back pain rated as 9/10 without medication and 3-4/10 with medication which enables her to work full time, perform activities of daily living and socialize with family. Physical examination revealed 3/5 strength of upper extremities with functional range of motion. Neck range of motion was limited at end ranges. There was tenderness to palpation in cervical spinous processes and myofascial tissue of shoulder and neck. The plan of care included medications and authorization was requested for Wellbutrin XL 150mg and Zorvolex 18mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Bupropion (Wellbutrin) Page(s): 27.

Decision rationale: This patient receives treatment for chronic neck pain, low back pain, shoulder pain, and a muscle ligament and fascial pain. This relates back to a work-related injury on 02/09/2002. This review addresses a request for bupropion. Bupropion is medically indicated for treatment of major depression and smoking cessation. Bupropion is not recommended for chronic axial neck and low back pain. Based on the documentation, bupropion is not medically necessary.