

Case Number:	CM15-0017384		
Date Assigned:	02/05/2015	Date of Injury:	06/01/2006
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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 51-year-old male who reported an injury on 06/01/2006. The mechanism of injury was not specifically stated. The current diagnosis is lumbosacral neuritis. The injured worker presented on 09/19/2014 with complaints of moderate to severe pain in the lower back. Previous conservative treatment includes physical therapy, chiropractic treatment, and medication management. There was no physical examination provided on that date. Recommendations included continuation of the current medication regimen of Percocet 10/325 mg, Soma 350 mg, Valium 10 mg, AndroGel, Wellbutrin 75 mg, and Cialis 5 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350 MG #150 (25 Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. There is no frequency listed in the request. Guidelines does not recommend long term use of muscle relaxants. Given the above, the request is not medically appropriate.

Bupropion Tab 75 MG #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state Wellbutrin is recommended as a second generation nontricyclic antidepressant. It has been shown to be effective in relieving neuropathic pain of different etiologies. Wellbutrin may be considered when patients have not had a response to a tricyclic or SNRI antidepressant. In this case, there was no indication that this injured worker had failed to respond to a tricyclic or SNRI antidepressant. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.