MAXIMUS Federal Services

Case Number:	CM15-0129558		
Date Assigned:	07/10/2015	Date of Injury:	02/01/1989
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 75 year old male, who sustained an industrial injury on 2/1/89. The initial diagnosis and symptoms experienced by the injured worker, were not included in the documentation. Treatment to date has included medication, intrathecal medication pump, surgery, urine drug screen and an MRI. Currently, the injured worker complains of low back pain. He is currently diagnosed with failed back syndrome, general osteoarthrosis involving multiple sites, fibromyalgia/myositis, lumbar spondylosis, lumbosacral degenerative disc disease and chronic pain. His work status is permanent and stationary. A note dated 5/29/15 states the injured worker experiences significant pain relief and preserved functional capacity with the current systemic and intrathecal medication regimen. Documented oral medications included Norco, Robaxin, and Senokot. No other medications are mentioned in the submitted office notes. The MRI reveals multiple abnormalities. The following medications, Bupropion extended release 100 mg #30 with 2 refills; Cymbalta DR 30 mg #30 with 2 refills and Cymbalta DR 60 mg #60 with 2 refills are requested. A previous utilization review recommended modified authorization for limited amounts of bupropion and Cymbalta, noting lack of documentation concerning response to these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 100mg extended relase, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16 of 127.

Decision rationale: MTUS recommends antidepressants for treatment of chronic pain. MTUS states that a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. Failure of a tricyclic or SNRI prior to initiation of bupropion is not documented. Symptomatic or functional response to bupropion is not documented. Based upon the available information, medical necessity is not established for the requested bupropion per MTUS recommendations. The request is not medically necessary.

Cymbalta 30mg delayed release, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16 of 127.

Decision rationale: MTUS recommends SNRI antidepressants for treatment of chronic pain. However, there is no documentation of symptomatic or functional response to Cymbalta in this case. Therefore, medical necessity is not established for the requested Cymbalta per MTUS recommendations. The request is not medically necessary.

Cymbalta 60mg delayed release, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16 of 127.

Decision rationale: MTUS recommends SNRI antidepressants for treatment of chronic pain. However, there is no documentation of symptomatic or functional response to Cymbalta in this case. Therefore, medical necessity is not established for the requested Cymbalta per MTUS recommendations. The request is not medically necessary.