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| Case Number: | CM15-0061183 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 12/08/2000 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

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: Emergency 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 61 year old male, who sustained an industrial injury on 12/8/2000. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbago, lumbosacral degenerative disc disease, myofascial pain syndrome and lumbar/thoracic radiculitis. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 3/3/2015, the injured worker complains of chronic low back pain that radiates down the legs. The treating physician is requesting Wellbutrin and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg 24hr #30 with 3 refills: Upheld

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

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

Decision rationale: The requested Wellbutrin XL 300mg 24hr #30 with 3 refills, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), Page 27, consider this atypical anti-depressant as an option, after trials of tricyclic and SNRI antidepressants, and have shown some efficacy in the treatment of neuropathic pain but no efficacy for non-neuropathic chronic pain. The injured worker has chronic low back pain that radiates down the legs. The treating physician has documented lumbago, lumbosacral degenerative disc disease, myofascial pain syndrome and lumbar/thoracic radiculitis. The treating physician has not documented the following: duration of treatment, failed trials of tricyclic or SNRI antidepressants, objective evidence of derived functional improvement. The criteria noted above not having been met, Wellbutrin XL 300mg 24hr #30 with 3 refills is not medically necessary.

Valium 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page 24 Page(s): 24.

Decision rationale: The requested Valium 10mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has chronic low back pain that radiates down the legs. The treating physician has documented lumbago, lumbosacral degenerative disc disease, myofascial pain syndrome and lumbar/thoracic radiculitis. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 10mg #60 is not medically necessary.