

Case Number:	CM15-0077728		
Date Assigned:	04/29/2015	Date of Injury:	09/12/2012
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42-year-old male who sustained an industrial injury on 9/12/12. The injured worker reported symptoms in the back. The injured worker was diagnosed as having chronic low back pain, neuropathic pain, chronic neck pain, status post head injury and headaches. Treatments to date have included medial branch blocks, epidural steroid injection, rest, non-steroidal anti-inflammatory drugs, proton pump inhibitor, and muscle relaxant. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150 MG #30: Upheld

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

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

Decision rationale: This 42 year old male has complained of low back pain and neck pain since date of injury 9/12/12. He has been treated with medial branch blocks, epidural steroid injections, physical therapy and medications. Per the MTUS guideline cited above, Wellbutrin has shown no efficacy in patients with non-neuropathic chronic low back pain and some efficacy in neuropathic back pain. There is inadequate documentation that supports the diagnosis of neuropathic pain in this patient. On the basis of the MTUS guidelines and available provider documentation, Wellbutrin is not medically necessary.