

Case Number:	CM13-0012327		
Date Assigned:	11/06/2013	Date of Injury:	03/01/2004
Decision Date:	01/14/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient sustained an occupational injury on 03/01/2004. The patient's diagnoses include lumbar postlaminectomy syndrome status post L3-4 AP fusion, bilateral greater trochanteric bursitis with right IT band syndrome, status post bilateral TKA with redo gastrocnemius flap followed by chronic infection and chronic antibiotics, bilateral carpal tunnel syndrome status post release, depression, anxiety and sleep apnea as well as right lumbar facet syndrome. The patient's treatment history included physical therapy, surgery, medications and activity modifications. The patient's most recent documentation is from 07/29/2013, which indicated that the patient presented for exam alert and oriented and in some mild distress. The patient was overweight and walked with a slow, antalgic gait and remained tender throughout the lower lumbar spine. The patient's PHQ-9 score was 16/30, indicating moderate depression. Current medications included Ultram ER, Flexeril, omeprazole, Percocet, nabumetone, Medrox patches, Lyrica and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Mental Health and Stress .

Decision rationale: While the California MTUS indicates that antidepressants are recommended as first-line options for neuropathic pain and as a possibility for non-neuropathic pain, it is silent on the issue of the use of antidepressants for any indication other than for chronic pain. Therefore, the Official Disability Guidelines were referenced, which indicate that bupropion, or Wellbutrin, is recommended as a first-line treatment option for patients with major depressive disorder. According to the documentation submitted from 07/29/2013, the patient presented for evaluation in noticeable mild distress. In addition to the patient's physical symptomatology, the patient had a PHQ-9 score of 16/30, indicating moderate depression. Furthermore, the documentation provided for review indicates that the patient has been taking Wellbutrin XL for depression and not for chronic pain. The requesting physician indicates that the patient has actually been on this medication since 2007 and that it contributes a great deal to relieving his depression secondary to the work-related injury. Given that there is evidence of positive patient outcome from the patient's use of Wellbutrin XL for the indication of depression, which is directly related to his work-related injury and not for chronic pain, Official Disability Guidelines do support this request for Wellbutrin as a first-line treatment option for depression.