

Case Number:	CM13-0053260		
Date Assigned:	04/09/2014	Date of Injury:	02/27/2006
Decision Date:	05/09/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/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 injured worker is a 46-year-old male who reported an injury on 02/27/2006. The mechanism of injury was the injured worker was pinned under a rack of a malfunctioning forklift. The injured worker's medication history included Wellbutrin as of 04/2013. The documentation of 09/19/2013 revealed the injured worker's pain was a 9/10. The injured worker indicated that the combination of Roxicodone, Norco, Soma, Neurontin, and Anaprox enabled the injured worker to function on a daily basis. Diagnoses included lumbar myoligamentous injury with associated facet joint hypertrophy, reactionary depression and anxiety, and left lower extremity radiculopathy. The request was made for a continuation of Wellbutrin 100 mg #100, Roxicodone 30 mg # 180, Anaprox DS 550 mg # 60, Norco 10/325 mg #300, Prilosec 20 mg # 60, and Dendracin topical, as well as aquatic therapy, 10 individual cognitive behavioral therapy sessions, as well as 10 acupuncture treatments, a re-trial of an intrathecal pump utilizing Dilaudid, an endocrinology consultation due to low testosterone and a consultation with a spine surgeon for a flexible fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

WELLBUTRIN 100MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, Chronic Pain Medical Treatment Guidelines

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

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 04/2013. There was a lack of documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency. The request was submitted with a request for two Narcotics, Norco and Roxicodone. With the combination of these medications in the high doses that have been prescribed, there is a risk of overdose, which was not addressed in the clinical note. Given the above, the request for Wellbutrin 100mg #100 is not medically necessary.