

Case Number:	CM13-0071955		
Date Assigned:	01/08/2014	Date of Injury:	10/11/2004
Decision Date:	06/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 and 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 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 53-year-old female who reported an injury on 10/11/2004 after a trip and fall. The injured worker developed chronic pain and depression. The injured worker's treatment history included multiple medications and surgical interventions. The injured worker was evaluated on 10/02/2013. It was documented that the injured worker had significant relief with prior epidural steroid injections and had continued radicular pain in the bilateral lower extremities. Physical findings included tenderness to palpation of the parathoracic musculature and muscle spasming with a restricted range of motion secondary to pain. The injured worker's chronic pain was managed with multiple medications to include cyclobenzaprine 7.5 mg, diclofenac XR 100 mg, omeprazole, Ondansetron, and tramadol. The injured worker's diagnoses included right shoulder rotator cuff tendonitis, right shoulder arthroscopy, cervical strain, cervical radiculitis, right elbow lateral epicondylitis, low back pain, lumbar radiculitis, and right knee strain. The injured worker's treatment plan included continuation of medications, consideration of surgical intervention for the right shoulder. The injured worker was evaluated on 10/30/2013. It was documented that the injured worker had significant pain in her neck, shoulder, back and right wrist. The injured worker's treatment plan included Wellbutrin

IMR ISSUES, DECISIONS AND RATIONALES

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

WELLBUTRIN 150MG ORALLY ONCE A DAY FOR DEPRESSION DUE TO CHRONIC PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

Decision rationale: The requested Wellbutrin 150 mg orally once a day for depression due to chronic pain is not medically necessary or appropriate. American College of Occupational and Environmental Medicine does recommend short courses of antidepressants to assist with depression and anxiety associated with chronic pain; however, the request as it is submitted does not provide a quantity. Therefore, the duration of treatment cannot be established. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Wellbutrin 150 mg orally once a day for depression due to chronic pain is not medically necessary or appropriate.