

Case Number:	CM14-0101633		
Date Assigned:	07/30/2014	Date of Injury:	02/09/2012
Decision Date:	09/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/01/2014

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 Nevada. 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 records presented for review indicate that this 34-year-old male was reportedly injured on February 9, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of insomnia, anxiety, and depression. Current medications include Norco, and gabapentin. The injured employee also had complaints of low interest, depressed mood, insomnia, fatigue, poor appetite, low self-esteem, difficulty concentrating, and restlessness. The physical examination dated May 6, 2014, indicates tenderness over the lower lumbar spine and a normal lower extremity neurological examination. Diagnostic PHQ-9 testing indicated a score of 25, suggesting severe depression. Previous treatment includes psychotherapy. A request had been made for Trazodone and Wellbutrin ER and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #3 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6 Chronic Pain, Clinical Measures (Medications: Antidepressants).

Decision rationale: Trazodone (Desyrel) is an antidepressant of the serotonin antagonists and reuptake inhibitor (SARI) with anti-anxiety and sleep-inducing effects. The American College of Occupational and Environmental Medicine Guidelines supports trazodone for treatment of chronic persistent pain with depression. The attached medical record contains a diagnosis of depression. As such, this request for Trazodone is considered medically necessary.

Wellbutrin ER 150mg #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic Pain Page(s): 13 and 107.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines the use of Wellbutrin is supported for the treatment of neuropathic pain, however according to the progress note dated May 6, 2014, there is no physical examination evidence of a neuropathy. Therefore, this request for Wellbutrin is not medically necessary.