

Case Number:	CM14-0119120		
Date Assigned:	08/06/2014	Date of Injury:	11/16/1998
Decision Date:	09/10/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/29/2014

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 Child & Adolescent Psychiatry 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 56-year-old female who was injured on November 16, 1998 due to an undisclosed mechanism of injury. The current diagnosis is listed as major depressive affective disorder recurrent episode severe degree without psychotic behavior (296.33). The most recent progress note dated July 07, 2014 documents subjective episodes of panic, memory deficits and intermittent confusion. The injured worker reports her mood is improved with psychotropic medication, but fatigue persists. The treating physician prescribed Bupropion to augment the venlafaxine in order to alleviate the fatigue and the intermittent confusion. She is also prescribed Seroquel. Treatment to date has consisted of psychotropic medications, opioids, and psychotherapy. A prior utilization review determination dated July 19, 2014 resulted in denial of Bupropion XL 150 milligrams with eleven refills as the injured worker was noted to be currently taking venlafaxine to treat depressive symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion XL 150mg #30 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Bupropion.

Decision rationale: MTUS guidelines indicate that the medication Bupropion is considered a third line medication treatment for the treatment of neuropathic pain. It is recommended only after failure of trials of the tricyclic antidepressants or of the selective norepinephrine reuptake inhibitors (SNRIs). The Official Disability Guidelines (ODG) indicates that Bupropion is a first line medication in the treatment of Major Depression. The injured worker is diagnosed with Major Depression. She has responded favorably to treatment with another antidepressant medication, venlafaxine, and no longer feels depressed. The persisting fatigue and intermittent confusion are the goals of adding Bupropion XL to venlafaxine. However, it is not clear if the injured worker's fatigue and cognitive issues are due to Major Depression, or whether they are due to other factors. Due to the lack of clarity of the cause of these symptoms, and because of the positive response of the injured worker to treatment with venlafaxine to date, there is no compelling clinical rationale for the addition of Bupropion XL, so the request is not medically necessary.