

Case Number:	CM14-0153788		
Date Assigned:	09/23/2014	Date of Injury:	10/17/2011
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

This 53 year old patient had a date of injury on 10/17/2011. The mechanism of injury was he slipped, twisted, and caught himself, hearing pop in his back. In a progress noted dated 8/14/2014, the patient continues to remain sober from alcohol and continues to go to AA. He returns to the practice today to discuss treatment options. On a physical exam dated 8/14/2014, the mood is depressed and he is tearful, but he adamantly denies suicidality. His affect is appropriate as well, and his gait is slightly antalgic to the right. The diagnostic impression shows chronic low back pain with bilateral lower extremity radiculitis secondary to underlying DDD with degenerative scoliosis by history, anxiety, depression, and chronic pain syndrome. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/22/2014 denied the request for Wellbutrin 200mg #30, stating that under the future medical treatment portion of the psychiatric evaluation of the 6/3/2014 report a specific recommendation for the discontinuance of this medication was made stating that it was not being clinically indicated or having demonstrated efficacy. Low dose anti-anxiety medications were suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 200mg, 1 per day, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Wellbutrin

Decision rationale: CA MTUS and ODG do not address this issue. The FDA state that Wellbutrin is used to treat major depressive disorder and seasonal affective disorder. In the 8/21/2014 progress report, the doctor mentions that he would like to reinstate Wellbutrin which is crucial for the patient's mood. However, in the 6/3/2014 progress report, this patient is noted to have tried bupropion to try to cut down on cigarettes, but this has only slightly had a positive effect with a negative effect in terms of taste. There was no clear discussion regarding how Wellbutrin improved the patient's mood. Therefore, the request for Wellbutrin 200mg #30 is not medically necessary.