

Case Number:	CM14-0159861		
Date Assigned:	10/03/2014	Date of Injury:	09/08/2006
Decision Date:	11/07/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with an injury date of 09/08/06. Based on the 06/18/14 progress report provided by [REDACTED] the patient complains of constant pain in the bilateral shoulders, arms, left knee, and hand numbness. He can't sleep long and wakes up in pain. Patient appears to be experiencing extreme psychological distress. The only other progress report available dated 09/25/12 by [REDACTED], rates right shoulder and right arm pain at 6-10/10 and right hand pain at 5-9/10. Physical examination to the bilateral shoulders revealed decreased range of motion. Patient was not able to perform internal and external rotation bilaterally. No diagnosis provided, as submitted report was incomplete. Per utilization review letter dated 09/04/14, the diagnosis given was "sprain/strain, rotator cuff." MRI of the Right Shoulder post arthrogram injection dated 04/11/12 reveals the following findings:- no evidence of partial tearing of the subscapularis- intact SLAP repair, 2007- deep subacromial decompression without significant complication or bursitis- if there was subscapularis tearing on the previous study, it may have healed or scarred in [REDACTED]., is requesting decision for Wellbutrin XL 150mg tablets. The utilization review determination being challenged is dated 09/04/14. The rationale is "no indication that first line antidepressants were trialed." [REDACTED] is the requesting provider, and he provided treatment reports from 04/11/12 - 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150 mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient presents with constant pain in the bilateral shoulders, arms, left knee, and hand numbness. The request is for Wellbutrin XL 150mg tablets. He is status post SLAP repair, 2007. His diagnosis is sprain/strain, rotator cuff (per utilization review letter 09/04/14). MTUS on Antidepressants (pgs. 13-15) (SNRIs): Bupropion (Wellbutrin) has shown some efficacy in neuropathic pain. There is no evidence of efficacy in patients with non-neuropathic chronic low back pain." Per progress report dated 06/18/14, treating physician reports that patient appears to be experiencing extreme psychological distress. However, in review of reports, there is no documentation of benefit from the use of this medication. Furthermore, there is no documented diagnosis supporting neuropathic pain to indicate Wellbutrin. There is lack of documentation and the request is not in line with guidelines. This request is not medically necessary.