

Case Number:	CM14-0074234		
Date Assigned:	07/16/2014	Date of Injury:	12/02/2010
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 case involves a 47 year old male who sustained an injury on 12/02/10. The request for authorization is dated 04/23/2014 for Wellbutrin XL 150 mg tablets #30 for thoracic and lumbar spine. The injured worker's subjective findings include significant pain in thoracic and lumbar spine, wheelchair bound, significant limitations, and unable to lift his upper extremities. The objective findings include significant weakness in left upper and lower extremities throughout, unable to lift arms overhead, diminished sensation, cervical flexion chin to chest with pain, using wheelchair, positive tenderness in paralumbar and parathoracic musculature, positive muscle spasming in paralumbar musculature, atrophy of lower extremities, and 4/5 muscle testing to all muscle groups of lower extremities. His diagnosis include myelopathy with progressive neurological dysfunction left lower extremity, radiculopathy in left lower extremity, neck pain, multilevel disc herniation cervical spine, thoracic pain, multilevel disc herniation thoracic spine, low back pain, multilevel disc herniation lumbar spine, rule out transient ischemic attack, and depression. Treatment to date includes medications, including ongoing treatment with Cyclobenzaprine, Diclofenac, Omeprazole, Ondansetron, Tramadol, and Wellbutrin. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Wellbutrin use to date.

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 #30 for thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of myelopathy with progressive neurological dysfunction left lower extremity, radiculopathy in left lower extremity, neck pain, multilevel disc herniation cervical spine, thoracic pain, multilevel disc herniation thoracic spine, low back pain, multilevel disc herniation lumbar spine, rule out transient ischemic attack, and depression. In addition, there is documentation of chronic pain and depression. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Wellbutrin use to date. Therefore, based on guidelines and a review of the evidence, the request for Wellbutrin XL 150 mg tablets #30 for thoracic and lumbar spine is not medically necessary.