

Case Number:	CM14-0085666		
Date Assigned:	07/23/2014	Date of Injury:	02/06/2011
Decision Date:	11/13/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pain Management, 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 30-year-old male with a date of injury of 02/06/2011. The listed diagnoses per [REDACTED] are: 1. Major depressive disorder, single episode, moderate. 2. Sleep disorder due to pain and depression. 3. Male hypoactive sexual desire disorder due to pain and depression. According to progress report, 04/16/2014, the patient reports "excruciating, chronic pain." He rates his pain 10/10 on a pain scale. He also suffers from headaches, acid reflux, and nausea. He rates his anxiety and depression as 9/10. Objective findings states "anxious and depressed mood, problematic sleep." The treater is requesting Wellbutrin 150 XL #24, clonidine 0.3 mg #120, and Wellbutrin 150 mg #6. Utilization Review denied the request on 05/14/2014. Treatment reports from 01/10/2014 through 05/23/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 300 Mg XL #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 & 16.

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

Decision rationale: This patient presents with chronic pain and suffers from headache, acid reflux, and nausea. He also has major depressive disorder, sleep issues, and anxiety. The treating physician is requesting Wellbutrin XL 300 mg #24. The MTUS guidelines regarding antidepressants page 13 to 15 states, "while Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patients with non-neuropathic chronic low back pain." Review of the medical file indicates the patient was prescribed Wellbutrin from 04/08/2014. In this case, the treating physician does not discuss efficacy of this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of sufficient documentation regarding efficacy, continuation of the medication cannot be supported. The request is not medically necessary and appropriate.

Clonidine 0.3 Mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Medications for chronic pain Page(s): 37-38,60,61.

Decision rationale: This patient presents with chronic pain and suffers from headache, acid reflux, and nausea. He also has major depressive disorder, sleep issues, and anxiety. The treating physician is requesting a refill of Clonidine 0.3 mg #120. Review of the medical file indicates the patient has been prescribed this medication since 12/11/2013. In reference to Clonidine, MTUS discusses its intrathecal use. For oral use, MTUS page 38 states that it can be used for secondary agents in treatment of CRPS. Clonidine can also be used for epidural sympathetic blockage. In this case, the treating physician does not provide any discussion regarding why this medication is being prescribed. Furthermore, the patient has been taking Clonidine on a long term basis and there is no documentation of efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of sufficient documentation regarding efficacy, continuation of the medication cannot be supported. The request is not medically necessary and appropriate.

Wellbutrin 150 Mg #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 & 16.

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

Decision rationale: This patient presents with chronic pain and suffers from headache, acid reflux, and nausea. He also has major depressive disorder, sleep issues, and anxiety. The treating physician is requesting Wellbutrin XL 150 mg #6. The MTUS guidelines regarding antidepressants page 13 to 15 states, "while bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patients with non-neuropathic chronic low back pain." Review of the medical file indicates the patient was prescribed Wellbutrin from 04/08/2014. In

this case, the treating physician does not discuss efficacy of this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of sufficient documentation regarding efficacy, continuation of the medication cannot be supported. The request is not medically necessary and appropriate.