

<b>Case Number:</b>	CM14-0187923		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 is a 56 year old female who sustained a cumulative trauma injury due to repetitive strain on May 6, 2011 while working as a teacher. She developed bilateral wrist and hand pains associated with numbness and tingling. The documentation dated July 18, 2014 supports that the injured workers symptoms started in 2009 and continued to worsen until the date of injury. An electromyography and nerve conduction study was done at that time and revealed mild Carpel Tunnel Syndrome. Diagnoses also included tendonitis. The injured worker underwent forty-eight sessions of physical therapy and was treated for pain with Norco and Ibuprofen. There are no documented results of the physical therapy. The injured worker also underwent a left carpel tunnel release in December of 2011 and in March of 2013 underwent a right carpel tunnel release. The injured worker also received Corticosteroid injections into the bilateral wrists with maximum improvement. A progress report dated October 20, 2014 states that the injured worker had bilateral elbow and wrist pain. Pain level was two out of ten while on pain medications. Current medications include Lidoderm 5% Patches, Omeprazole DR and Wellbutrin SR. Physical examination revealed a decreased range of motion of both wrists. Tinel's sign was negative. Phalen's sign was also negative. Tenderness to palpation was noted over the dorsal wrist with flexion of the wrists. Motor and sensory examination of the wrists was normal. Current diagnoses include Carpel Tunnel Syndrome and Mood Disorder. Prior treatments included braces, an H-Wave Unit and a transcutaneous electrical nerve stimulation unit which provided mild pain relief. The injured worker also underwent acupuncture, chiropractic therapy, psychotherapy and an exercise program with mild relief. The injured worker reported that her pain was well controlled with the pain medications. The issue at dispute is a prescription for Wellbutrin SR 150 mg # 30 with one refill. Utilization Review evaluated and denied the request on November 4, 2014. The request for Wellbutrin SR was denied due to MTUS Guidelines

which do not recommend Wellbutrin SR as a first line antidepressant for the indication of pain treatment. There is lack of documentation of any trials of an alternative antidepressant used for the neuropathic pain. In addition, there are no documented details regarding the injured workers mood disorder. Therefore, the request is not medically necessary and appropriate.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Wellbutrin SR 150mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 16.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Wellbutrin used as a second line option for the treatment of chronic pain, as criteria necessary to support the medical necessity of Wellbutrin. 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 Carpel Tunnel Syndrome and Mood Disorder. However, despite documentation of pain of the bilateral wrists and hands, there is no (clear) documentation of chronic pain and Wellbutrin used as a second line option. In addition, despite documentation of a diagnosis of mood disorder, there is no (clear) documentation of depression. Therefore, based on guidelines and a review of the evidence, the request for Wellbutrin SR 150mg #30 with 1 refill is not medically necessary.

**Refill of Wellbutrin SR 150mg QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 16.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Wellbutrin used as a second line option for the treatment of chronic pain, as criteria necessary to support the medical necessity of Wellbutrin. 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 Carpel Tunnel Syndrome and Mood Disorder. However, despite

documentation of pain of the bilateral wrists and hands, there is no (clear) documentation of chronic pain and Wellbutrin used as a second line option. In addition, despite documentation of a diagnosis of mood disorder, there is no (clear) documentation of depression. Therefore, based on guidelines and a review of the evidence, the request for refill of Wellbutrin SR 150mg QTY: 30 is not medically necessary.