MAXIMUS Federal Services

Case Number:	CM14-0194194		
Date Assigned:	12/01/2014	Date of Injury:	10/18/2012
Decision Date:	02/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 10/18/12. She was seen by her primary treating physician on 10/17/14 with complaints of chronic cervical and lumbar spine pain. She had some relief from aquatic therapy and had completed her initial physical therapy evaluation. She was also undergoing cognitive behavioral therapy for her history of depression and anxiety. She was seen by her secondary treating physician / internist on 10/15/14 for a blood pressure check, and psych medicine refills. Her blood pressure was 141/84 with a pulse of 93 and weight of 256lbs. She was alert and oriented and in no acute distress. Her diagnoses were hypertension, gastritis, depression and insomnia. The plan was to continue wellbutrin and a prescription for sonata was given and temazepam discontinued. These medications are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: UpToDate: Treatment of Insomnia

Decision rationale: According to the guidelines, Sonata is used for the treatment of insomnia. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy would be used prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of potential efficacy or side effects. The documentation does not support the medical necessity for Sonata. Therefore, this request is not medically necessary.

Wellbutrin 100 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: According to the guidelines, Bupropion (Wellbutrin) is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) which has been shown to be effective in relieving neuropathic pain. This injured worker has a history of depression but there is no discussion of efficacy or side effects to justify ongoing treatment with Wellbutrin. It is also not clear what role pain plays in her depression and whether her chronic pain is adequately controlled. The medical necessity of Wellbutrin is not substantiated in the records. Therefore, this request is not medically necessary.