

Case Number:	CM14-0206634		
Date Assigned:	12/18/2014	Date of Injury:	03/08/2012
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 an injured worker with a history of major depressive disorder and lumbar spine surgery. The patient sustained an occupational injury on March 8, 2012. Regarding, the mechanism of injury, he fell from a ladder and landed on his side. Diagnoses were major depressive disorder, chronic pain, and status post lumbar discectomy and fusion in October 2014. The comprehensive initial outpatient psychopharmacology evaluation report dated August 19, 2014 documented the diagnosis of major depressive disorder and chronic pain. The patient has no prior suicide attempts or psychiatric hospitalizations. The patient denies any symptoms suggestive of prior or ongoing psychotic episodes, except as noted above. She denies any history of decreased need for sleep, increased goal directed behavior, prolonged irritability or other symptoms consistent with a prior manic episode. The patient denies all delusional, hallucinatory or other symptoms that would be consistent with an untreated psychotic disorder. She endorses no specific phobias, obsessions or compulsions. Objective findings were documented. The patient was in no apparent distress, and normal in appearance. The patient walked with cane, with a normal station. The patient was calm and generally compliant with the interview. No psychomotor abnormalities noted. Depressed mood was noted. The treatment plan include Cymbalta, Neurontin, and cognitive behavioral therapy. The progress report dated November 12, 2014 document that the patient had been experiencing chronic pain unresponsive to treatment since his injury. He had developed psychological symptoms secondary to his injury including depression, anxiety, poor sleep, poor energy, and feelings of hopelessness. His psychotropic medications included Cymbalta and Wellbutrin. The treatment plan included monthly medication management. The patient was currently taking Cymbalta. He was started on Wellbutrin SR 150 mg each morning, and if there was no loss of appetite or improved energy after 2 weeks, to increase to 300 mg each morning. Individual psychotherapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin SR 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (Bupropion); Antidepressants for chronic pain Page(s): 16, 27, 125; 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Wellbutrin <http://www.drugs.com/pro/wellbutrin.html>.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) indicates that Wellbutrin (Bupropion) is an antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Wellbutrin has been shown to be effective in relieving neuropathic pain of different etiologies. Bupropion has shown some efficacy in neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA guidelines indicate that Wellbutrin is indicated for the treatment of major depressive disorder. Medical records document a history of major depressive disorder, lumbar spine surgery, and chronic pain. The patient is under the care of a psychiatrist. The patient has a history of lumbar spine surgery and chronic pain. MTUS guidelines support the use of antidepressants for chronic pain. The patient has a history of major depressive disorder. MTUS indicates that Wellbutrin is an antidepressant. Per FDA guidelines, Wellbutrin is indicated for the treatment of major depressive disorder. The use of Wellbutrin for chronic pain and major depressive disorder is supported by MTUS and FDA guidelines. Therefore, the request for Wellbutrin SR 150 mg #60 is medically necessary.