

Case Number:	CM14-0212391		
Date Assigned:	01/02/2015	Date of Injury:	09/15/1997
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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 Family Practice and is licensed to practice in Ohio. 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 58-year-old male with variable dates of injury. He has had severe bilateral knee pain and low back pain with radicular symptoms. He has undergone at least three knee surgeries on each side and has had a lumbar fusion surgery in 2009 which ultimately failed. He continues to be quite symptomatic with regard to both the knees and low back. Consequently, he's been severely depressed since at least 2008. This treatment has included the antidepressants Celexa, Lexapro, Cymbalta and lorazepam for anxiety with a short course of Abilify as an adjunct. He has not had much success with the medications and at issue currently is a request for Wellbutrin 150 mg #30. This request was not certified as the reviewer was under the impression the medication was being used for pain. The injured worker had an evaluation by a psychiatrist on November 10, 2014. At that time the injured worker was complaining of fatigue, poor appetite, trouble sleeping, and depressed mood with feelings of guilt, hopelessness, and hopelessness. Apart from his medical diagnoses he was also said to have major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Anti-depressants.

Decision rationale: Bupropion (Wellbutrin) is recommended as a first-line treatment option for major depressive disorder. Anti-depressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. The American Psychiatric Association has published the following considerations regarding the various types of anti-depressant medications: (1) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects; (2) In addition to the SSRIs, other anti-depressant medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and venlafaxine; (3) Another group of antidepressant medications, called monoamine oxidase inhibitors (MAOIs), are not recommended as a primary treatment option, because they are associated with serious side effects, and they necessitate dietary restrictions. This category of medication should be considered only for cases that do not respond to other options. In this instance, the Wellbutrin has clearly been intended to be used for treatment of major depressive disorder. Therefore, Wellbutrin 150 mg #30 is medically necessary.