

Case Number:	CM15-0100762		
Date Assigned:	06/03/2015	Date of Injury:	05/19/2009
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male, who sustained an industrial injury on 5/19/09. The injured worker has complaints of neck, low back and bilateral knee pain. The documentation noted that the injured worker has tenderness along the joint line with weakness to resisted function and tenderness along the patella, medial and lateral. The diagnoses have included internal derangement of the knee bilaterally; discogenic lumbar condition with radicular component down the lower extremities and discogenic cervical condition with radicular component down the upper extremities. Treatment to date has included collar with gel; neck pillow; back brace; knee braces; neck traction with air bladder; hot and cold wraps; transcutaneous electrical nerve stimulation unit; orthotics; wellbutrin; magnetic resonance imaging (MRI) showed arthritic changes, tricompartmental on the left and severe along the medial compartment of the knee on the right and Qualified Medical Examination and injections. The request was for wellbutrin 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 13-16.

Decision rationale: Regarding the request for Wellbutrin (bupropion), Chronic Pain Medical Treatment Guidelines states that Wellbutrin is a second-generation non-tricyclic antidepressant has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Wellbutrin treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Wellbutrin is not medically necessary.