

Case Number:	CM15-0018159		
Date Assigned:	02/06/2015	Date of Injury:	07/30/1999
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 07/30/1999 due to an unspecified mechanism of injury. An appeal letter dated 02/02/2015 indicates that the injured worker had secondary industrial psychiatric condition that had reached a permanent and stationary plateau. It was noted that she had depressive disorder NOS; pain disorder associated with both psychological factors and a general medical condition; sleep disorder; and a GAF of 63. It was noted that her condition had deteriorated and that she had been unkempt, her hair was askew, and she dressed very casually in a t-shirt, shorts, and flip flops. It was stated that her mood was visibly depressed and that she was notably anhedonic and irritable. It was noted that she needed to be on continued medications. The treatment plan was for Wellbutrin SR 100 mg 60 count with 2 refills. The rationale for treatment was to treat the injured worker's depressive symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin SR 100 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 and 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Bupropion (Wellbutrin) Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend Wellbutrin for neuropathic pain, but states that there is no efficacy in those with non neuropathic pain or chronic low back pain. It is noted that this medication is an antidepressant and is also recommended for diabetic neuropathy. The documentation provided indicates that the injured worker's depressive condition has deteriorated. However, the guidelines only recommend this medication for neuropathic pain and for diabetic neuropathy as a third line medication option. There is a lack of documentation showing that this medication had been helping the injured worker's condition. Without information showing that the injured worker was having a significant decrease in her depressive symptoms, the request would not be supported. Also, the frequency of the medication was not stated with the request and 2 refills would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.