

Case Number:	CM15-0136264		
Date Assigned:	07/24/2015	Date of Injury:	07/12/2001
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on July 12, 2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having deteriorated lumbar radiculopathy. Treatment and diagnostic studies to date has included ultrasound venous Doppler of the right lower extremity, use of a cane, and medication regimen. In a progress note dated May 07, 2015 the treating physician reports complaints of constant, sharp, stabbing pain to the lower lumbar region, the bilateral knees, and the upper cervical region. The injured worker had associated symptoms of numbness and tingling, joint swelling and stiffness, headaches, and sleep disturbance. Examination reveals moderate lower extremity edema, bilateral diffuse knee tenderness, decreased sensation to the stocking glove distribution of the bilateral lower extremities, decreased strength with pain to the bilateral quadriceps, left painful facet loading, tenderness to the lumbar spine on palpation, and decreased range of motion to the lumbar spine with pain. The injured worker's medication regimen included Oxycontin, Clotrimazole AF, Wellbutrin SR, Trazodone HCl, Percocet, and Lyrica. The injured worker's current lumbar pain level was rated an 8 and the injured worker's current cervical pain level was rated a 9. The treating physician requested Wellbutrin SR 150mg with a quantity of 60 with 1 refill to treat the injured worker's depression secondary to his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescription of Wellbutrin SR 150mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (Antidepressants).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, wellbutrin.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated as a primary treatment for depression. The records show the patient has depression and active depression symptoms. Therefore the request is medically necessary.