

Case Number:	CM15-0138190		
Date Assigned:	07/28/2015	Date of Injury:	03/26/1996
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/16/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old male sustained an industrial injury on 3-26-96. Diagnoses include traumatic brain injury and mood disorder. Treatments to date include prescription medications. The injured worker continues to experience anxiety, depression, anger, aggression and annoyance to others. Upon examination, the injured worker is alert and oriented. Speech, memory, attention and concentration are normal. Neurological examination was within normal limits. A request for Depakote and Wellbutrin medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 250mg 3 tablets at bedtime #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Page(s): 16-18.

Decision rationale: The requested Depakote 250mg 3 tablets at bedtime #90, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker has anxiety, depression, anger, aggression and annoyance to others. Upon examination, the injured worker is alert and oriented. Speech, memory, attention and concentration is normal. Neurological examination was within normal limits. The treating physician has not documented criteria percentages of functional improvement from its use. The criteria noted above not having been met, Depakote 250mg 3 tablets at bedtime #90 are not medically necessary.

Welbutrin LX 150mg 3 tablets q HS #90: Upheld

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

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

Decision rationale: The requested Welbutrin LX 150mg 3 tablets q HS #90, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), Page 27, consider this atypical anti-depressant as an option, after trials of tricyclic and SNRI antidepressants, and have shown some efficacy in the treatment of neuropathic pain but no efficacy for non-neuropathic chronic pain. The injured worker has anxiety, depression, anger, aggression and annoyance to others. Upon examination, the injured worker is alert and oriented. Speech, memory, attention and concentration are normal. Neurological examination was within normal limits. The treating physician has not documented the following: duration of treatment, failed trials of tricyclic or SNRI antidepressants, objective evidence of derived functional improvement. The criteria noted above not having been met, Welbutrin LX 150mg 3 tablets q HS #90 is not medically necessary.