

Case Number:	CM15-0166356		
Date Assigned:	09/01/2015	Date of Injury:	01/31/2003
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California

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 (IW) is a 41 year old female who sustained an industrial injury on 01/31/2003. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Post Lumbar Laminectomy Syndrome; Low Back Pain; Fibromyalgia and myositis not otherwise specified; Spasm of muscle; Mood disorder; Incontinence, urinary, not elsewhere categorized. Treatment to date has included L3-S1 fusion (10-21-2015), RFA (09-30-2-13), SCS trial (08-18-2011) worsened pain, Trigger point injections-no relief, physical therapy-no relief, Acupuncture-no relief, Psychotherapy-Good relief, transcutaneous electrical nerve stimulation (TENS) unit-no relief. Currently, the injured worker complains of low back pain that remains unchanged. She is having difficulty sleeping and would like to increase her pain medications, as they are not as effective as they once were. She reports no side effects. Medications include MS Contin, and Dilaudid, Soma, and Trazodone, Clonazepam, Ranitidine, Wellbutrin SR, and Senna laxative. Seroquel was discontinued due to weight gain, and Lunesta was discontinued due to ineffectiveness. Urine drug screen on 05/19/15 was negative for Dilaudid and positive for morphine. The worker states she did not take Dilaudid due to nausea, but needs to take daily to remain functional and get out of bed in the morning. On exam, the worker has a lumbar spine surgical scar. She has restriction of motion with extension limited to 11 degrees by pain. Exam very limited due to pain and guarding. On palpation of the paravertebral muscles, allodynia is noted bilaterally. Spinous process tenderness is noted, but the exam is very limited due to pain and guarding. The plan of care is to recommend home care, transition to land physical therapy from pool therapy due to

poor functionality, continue Pristiq, request 4-6 sessions of psychotherapy, and continue current medications. A request for authorization was submitted for Wellbutrin 150mg SR 1 Tab Daily #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150mg SR 1 Tab Daily #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 18.

Decision rationale: According to the guidelines, antidepressants such as SSRI and Tricyclics are to be used for major depression. In this case, there was mention of a mood disorder, prior intervention with behavior therapy and need for medication. Notes from psychiatry are not noted. There is no mention of depression. Response to medication is not elaborated. Continued use of Wellbutrin is not medically necessary.