

Case Number:	CM15-0168083		
Date Assigned:	09/08/2015	Date of Injury:	06/25/2013
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts

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 56 year old female with an industrial injury dated 06-25-2013. Her diagnoses included depressive disorder, anxiety disorder and status post right shoulder procedure, chronic pain. Prior treatment included medications with treatment for her work injury to include cortisone injections, physical therapy and a TENS unit. She also had right shoulder surgery. She presents on 07-28-2015 for psychiatric evaluation. She was complaining of insomnia and fatigue. She also noted feelings of guilt, excessive tension, "no patience", irritability and headaches. She was taking Xanax. Objective findings noted the injured worker was oriented to person, place and date. The provider documented the following: "She gave her history in an organized fashion, remained alert and focused during the interview. She has no suicidal or homicidal ideation, no preoccupation with bizarre ideation or delusions. She was tearful at one point but regained emotional composure. She never laughed, smiling minimal." The provider documents Beck Depression Inventory suggested moderate to severe depression. The provider also documented testing suggested moderate to mild anxiety. The provider documented the injured worker should initiate an antidepressant-antianxiety medication. The provider also documents the injured worker had a history of poor response to SSRI medications. The treatment request for review is for Wellbutrin XL 150mg/tab; 1 tab p.o QAM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg/tab; 1 tab p.o QAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD major depressive disorder.

Decision rationale: The claimant sustained a work-related injury in June 2013 and is being treated for chronic right shoulder pain with psychiatric sequella. She is being treated for depression, anxiety, and chronic pain. Psychological treatments have included cognitive behavioral therapy since January 2015. When seen, prior medications had included Xanax and Valium. She scored 30 on the Beck Depression Inventory. She has a history of weight gain and poor response to SSRI medications. Wellbutrin XL was prescribed. Wellbutrin (bupropion) is a noradrenaline and dopamine reuptake inhibitor. In terms of depression, medications that are likely to be optimal for most patients include bupropion. It is a first line formulary preferred medication. The requested dosing is within guideline recommendations and medically necessary.