

Case Number:	CM15-0168605		
Date Assigned:	09/09/2015	Date of Injury:	07/20/2003
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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:

The injured worker is a 65 year old female, who sustained an industrial injury on 7-20-2003. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include backache and post lumbar laminectomy syndrome, status post right and left total knee arthroplasty. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injection. Currently, she complained of no change in the pain. Pain was rated 3 out of 10 VAS with medication and 6 out of 10 VAS without medication. Current medications included Colace, Miralax, Senokot, Amitriptyline HCL, Ambien, Wellbutrin, Nucynta, Neurontin, Omeprazole, Voltaren 1% gel, Amitiza, and Tramadol HCL. On 6-8-15, the physical examination documented cervical tenderness with decreased range of motion. The lumbar spine was tender with muscle spasm noted. The straight leg raise test was positive bilaterally. There was decreased range of motion in the lumbar spine. The plan of care included continuation of previously prescribed medication. This appeal requested authorization for Wellbutrin XL 150mg tablets #30 with one refill. The Utilization Review dated 8-10-15 denied the request stating "the medical necessity of Wellbutrin was not established."

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablest of wellbutrin XL 150mg with1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

Decision rationale: Bupropion/wellbutrin is a second generation non-tricyclic antidepressant. As per MTUS Chronic pain guidelines. It is effective in the treatment of neuropathic pain. While there may benefit for the use of this medication, patient has been on this medication chronically and primary provider has failed to documented efficacy of this medication. There is no mention of objective benefit that patient receives from this medication or assessment of side effects. Due to lack of documentation, medical necessary of wellbutrin cannot be determined. Wellbutrin with refill is not medically necessary.