

Case Number:	CM15-0183258		
Date Assigned:	09/24/2015	Date of Injury:	11/16/2000
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 58 year old male, who sustained an industrial injury on 11-16-2000. The injured worker was diagnosed as having major depressive affective disorder, single episode, severe, specified as with psychotic behavior, and pain disorder associated with both psychological factors and a general medical condition. Treatment to date has included diagnostics, psychological treatment, and medications. Currently (8-25-2015), the injured worker complains of anxiety, depression, irritability, periods of crying, sleep disturbance, and anger with self. Beck Depression Inventory score was 47 (46 on 7-13-2015) and Anxiety was 40 (49 on 7-13-2015). Current medications included Celexa and Abilify. Per the PR2 dated 8-26-2015, he remained off work. Per the request for authorization (8-28-2015), the treatment plan included addition of Wellbutrin XL 150mg #30 with 3 refills, modified to Wellbutrin XL 150mg #30 with 0 refills by Utilization Review on 9-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, PTSD pharmacotherapy, Bupropion (Wellbutrin).

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

Decision rationale: MTUS states "Bupropion (Wellbutrin(R)), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side- effect profile: Headache, agitation, insomnia, anorexia, weight loss, Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" The injured worker has been diagnosed with major depressive disorder, single episode, severe, specified as with psychotic behavior, and pain disorder associated with both psychological factors and a general medical condition. Per progress report dated 8/25/2015, he presented with complaints of anxiety, depression, irritability, periods of crying, sleep disturbance, and anger with self. The most recent Beck Depression Inventory score was 47 indicating severe depression and Beck Anxiety Inventory score was 40 indicating severe levels of anxiety. The request for Wellbutrin XL 150mg #30 with 3 refills i.e. a four-month supply is excessive and not medically necessary. It is to be noted that the UR physician authorized one-month supply and further treatment should be based on evidence of objective functional improvement.