

Case Number:	CM15-0191666		
Date Assigned:	10/05/2015	Date of Injury:	08/19/2013
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This is a 35 year old female who sustained a work-related injury on 8-19-13. Medical record documentation on 9-9-15 revealed the injured worker was status post anterior lumbar interbody fusion at L5-S1 and was treated for neck pain, headache, insomnia, and depression with panic attacks. She reported headaches and cervical spine pain with soreness and stiffness. She reported depression, worry, anxiety and insomnia. Objective findings were not relevant to the requested treatment. On 6-17-15, the injured worker reported depression, worry, anxiety and insomnia. A request for retrospective Wellbutrin XL 450 mg #30 for date of service 9-9-15 was received on 9-15-15. On 9-22-15, the Utilization Review physician determined retrospective Wellbutrin XL 450 mg #30 for date of service 9-9-15 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Wellbutrin XL 450 mg, thirty count (DOS- 9/9/2015): 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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation ODG Pain (Chronic), Bupropion (Wellbutrin®)ODG Mental Illness & Stress, Bupropion (Wellbutrin®).

Decision rationale: According to the cited CA MTUS and ODG, Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that is effective in relieving neuropathic pain of different etiologies. Often, it is recommended as an option after other agents have been trialed for chronic pain. However, in the case of mental health, Wellbutrin is recommended as a first-line treatment option for major depressive disorder. Per the treating physician notes, the injured worker has had a history of major depressive disorder and chronic pain that has been treated with various first-line medications, to include Prozac. Although Wellbutrin XL may be an excellent option for her history of mental health complaints and chronic pain, the dosage requested is above the maximum 300 mg per day recommended. Therefore, the retrospective request for Wellbutrin XL 450 mg, thirty count (DOS 9/9/2015), is not medically necessary or appropriate.