

Case Number:	CM15-0200699		
Date Assigned:	10/15/2015	Date of Injury:	11/01/2004
Decision Date:	12/03/2015	UR Denial Date:	10/04/2015
Priority:	Standard	Application Received:	10/13/2015

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 56 year old female injured worker suffered an industrial injury on 11-1-2004. The diagnoses included bilateral knee pain. On 8-24-2015 the treating provider reported left and right knee pain. She reported popping sound from time to time. On exam there was quadriceps atrophy with no range of motion deficits. There was tenderness and effusion in the right knee. Prior treatment included right and left knee arthroscopy, cortisone injections, Synvisc injections and medications including Cymbalta, Gabapentin, Soma, and Celebrex. There was no evidence of a comprehensive pain evaluation or evaluation of effectiveness of the current treatment. The medical record did not indicate medical necessity or indication for the requested treatment. Request for Authorization date was 9-29-2015. The Utilization Review on 10-4-2015 determined non-certification for Wellbutrin XL 150mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg, #30: 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: MTUS states "Bupropion (Wellbutrin), 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 non-neuropathic 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 suffers from knee pain and also has been diagnosed with Major Depressive Disorder and Pain disorder associated with Psychological factors and medical condition. The most recent progress report suggests that she has been prescribed Cymbalta, Gabapentin and Carisoprodol for pain. The treating physician prescribed Wellbutrin XL 150mg daily at that visit without clear information regarding why an additional medication is needed at this time. The request for Wellbutrin XL 150mg, #30 is not clinically indicated. The request is not medically necessary.