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| Case Number: | CM15-0200859 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 02/08/2010 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/17/2015 |
| 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 injured worker is a 56 year old male, who sustained an industrial injury on 2-8-2010. Medical records indicate the worker is undergoing treatment for lumbar pain status post 2 lumbar fusions, anxiety and depression. A recent progress report dated 9-1-2015, reported the injured worker complained of lumbar pain rated 6 out of 10. Physical examination revealed decreased lumbar flexion of 30 degrees and an antalgic gait and a euthymic mood. Treatment to date has included cognitive behavior therapy and medication management including, Naproxen, Wellbutrin and Gabapentin. The physician is requesting Wellbutrin 150mg ER #30. On 9-17-2015, the Utilization Review noncertified the request for Wellbutrin 150mg ER #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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 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 most recent progress report dated 9-1-2015, suggested that the injured worker complained of lumbar pain rated 6/ 10. Physical examination revealed decreased lumbar flexion of 30 degrees and an antalgic gait and a euthymic mood. The request for Wellbutrin 150mg ER #30 is excessive and not medically necessary as there is no evidence of medical stability or objective functional improvement with the continued use of this medication.