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| <b>Case Number:</b>   | CM15-0202318 |                              |            |
| <b>Date Assigned:</b> | 10/19/2015   | <b>Date of Injury:</b>       | 05/06/2003 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 10/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2015 |

### 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: Indiana, Michigan, California  
 Certification(s)/Specialty: 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:

The injured worker is a 59 year old female who experienced a work related injury on May 6, 2003. Diagnoses include causalgia of the right lower limb, chondromalacia, osteoarthritis and chronic pain syndrome. Diagnostics reveal an MRI of the right knee on January 29, 2014 consistent with osteoarthritis and chondromalacia. Treatment has involved right knee surgery, joint injections, medications and activity modifications. Request is for three Naproxen (Anaprox) number 60 (unspecified dose) and Wellbutrin SR 150 mg, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Naproxen, quantity 60 (Unspecified Dosage):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The injured worker suffers from chronic pain of the right lower limb, specifically the right knee. Non-steroidal anti-inflammatory drugs (NSAIDS) such as Naproxen are recommended for osteoarthritis involving the knee and have demonstrated better treatment results than acetaminophen. Chart review regarding the use of Naproxen reveals improvement in symptoms in the injured worker with no documentation of significant side effects. Consequently, the request for Naproxen is medically necessary and appropriate.

**Wellbutrin SR 150mg, quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker suffers from chronic pain due to a non-neuropathic etiology. Antidepressants such as Wellbutrin are recommended as a first line option for neuropathic pain. The injured workers diagnosis includes osteoarthritis. Per MTUS Guidelines, no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. It is thought that the improvement of osteoarthritic pain in those with depression is from the improvement in the depression. Consequently, the request for Wellbutrin is not medically necessary and appropriate.