

Case Number:	CM15-0224073		
Date Assigned:	11/20/2015	Date of Injury:	01/08/1995
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/15/2015

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

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

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 55 year old female, who sustained an industrial-work injury on 1-8-95. The injured worker was diagnosed as having major depressive disorder and panic disorder with agoraphobia. Treatment to date has included psychotropic medication included: Ativan, Ambien, and Wellbutrin. Ativan was changed to Xanax; Meds changed on 9-11-15 to Valium, Ambien, and Lexapro; and psychiatric consultation. Currently, the injured worker complains of chronic neck, back, right shoulder, and hip pain. She was also having symptoms of depression, anxiety, poor sleep, panic disorder, difficulty concentrating, and poor memory. Wellbutrin had no apparent benefit. Per the primary physician's progress report (PR-2) on 9-11-15, evaluation noted anxiety, tension, and irritability are reduced, depression is reduced, memory and concentration are somewhat improved, appetite is reduced, energy levels are the same, sociability is decreased, panic attacks are reduced, denies hallucinations, denies danger to self or others, and insomnia is reduced but still prominent. The Request for Authorization requested service to include Bupropion SR 150mg daily #30. The Utilization Review on 11-3-15 denied the request for Bupropion SR 150mg daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion SR 150mg daily #30: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of Wellbutrin as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, 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. In this case, the injured worker has stated that her depression and anxiety are improving but that she feels her medications are not working. The provider has an associated request for Lexapro to replace the Wellbutrin. The request for Bupropion SR 150mg daily #30 is not medically necessary.