

Case Number:	CM15-0030743		
Date Assigned:	02/24/2015	Date of Injury:	01/17/2011
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on January 17, 2011. The diagnoses have included status post bilateral carpal tunnel release, status post left shoulder arthroscopy, status post right shoulder arthroscopy, right shoulder rotator cuff tendinitis, status post cervical spine decompression and fusion, .left upper extremity radiculopathy, swallowing difficulties and depression. Treatment to date has included Non-steroidal anti-inflammatory drug, antidepressants and anti-inflammatories. Currently, the injured worker complains of cervical spine pain and numbness and tingling to the left upper extremity. In a progress note dated December 16, 2014, the treating provider reports cervical spine examination positive for tenderness over the paracervical musculature, decreased range of motion. On January 28, 2015 Utilization Review non-certified a Wellbutrin XL 150mg quantity 30, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Wellbutrin Page(s): 13-16.

Decision rationale: According to the 12/16/2014 report, this patient presents with an 8-9/10 cervical spine pain and "continues to be depressed secondary to her pain and disability." The current request is for Wellbutrin XL 150mg, #30 "for depression neuropathic pain, as she gets pain relief and improved function with the medication." The request for authorization is on 12/23/2014. The patient's work status is deferred to the primary treating physician. Regarding Bupropion (Wellbutrin), MTUS guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In reviewing of the reports, this medication was first mentioned in the 07/22/2014 report and it is unknown exactly when the patient initially started taking this medication. The treating physician indicates the patient "gets pain relief and improved function with the medication." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. The request IS medically necessary.