

Case Number:	CM15-0032986		
Date Assigned:	02/26/2015	Date of Injury:	02/08/2010
Decision Date:	04/07/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey

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 55 year old male, who sustained an industrial injury on February 28, 2010. His diagnoses include failed back syndrome/intractable lower back pain, status post lumbar decompression and incomplete fusion of lumbar 5-scaral 1, and bilateral lower extremity radiculitis/neuropathic pain. He has been treated with medications including MRI, urine drug screening, pain, muscle relaxant, antidepressants, and an anticonvulsant. On January 6, 2015, his treating physician reports pain as high as 10/10. His pain increases with ambulation, prolonged sitting and standing, and improves with rest and medications. The physical exam revealed an antalgic gait, ambulation with a cane, well healed lumbar scar, limited range of motion, positive tenderness of the paralumbar musculature without muscle spasms, normal manual muscle testing in the lower extremities, inability to toe and heel walk due to pain, decreased reflexes of bilateral lower extremities, positive bilateral straight leg raise at 80 degrees, and diminished sensation of the lumbar 3 and lumbar 4 nerve root distributions. The treatment plan includes an antidepressant medication. On January 31, 2015, Utilization Review non-certified a prescription for Wellbutrin XL 150mg #30 with 3 refills, noting the prescription exceeds the maximum monthly dosage of 300mg, and using multiple antidepressant medications is not recommended in a patient planning surgery in the near future. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment 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 150 mg Tablets #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion, p. 27, AND Antidepressants for chronic pain, pp. 13-16.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Bupropion has been shown to help relieve neuropathic pain and may be recommended as a third line medication for neuropathy who may have not had a response to a tricyclic or SNRI. Bupropion is also recommended as a first-line treatment option for major depressive disorder. In the case of this worker, who was reportedly using Wellbutrin XL for depression and chronic pain, there was also a recommendation for duloxetine. There was insufficient recent documentation of if and how the Wellbutrin XL was leading to measurable functional gains from its use to justify a renewal request. Also, it is not clear why two anti-depressants would be indicated, and without a psychiatrist following this worker and explaining the reason for this, it will be regarded as unnecessary. Therefore, the Wellbutrin XL will be considered medically unnecessary at this time.