

Case Number:	CM15-0048245		
Date Assigned:	03/20/2015	Date of Injury:	09/23/1997
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: North Carolina
 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 70-year-old female who sustained an industrial injury on 09/23/97. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include low back and left leg pain. In a progress note dated 08/06/14, the treating provider reports the plan of care as Norco and Zanaflex. The requested treatment is Wellbutrin XR and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication. The physician desk reference states the medication is indicated for the treatment of narcolepsy or shift work disorder. The patient does not possess these diagnoses and therefore the request is not certified.

Wellbutrin XL (extended release) 150mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication for its use in depression. The physician desk reference states the medication is indicated for the treatment of depression as a first lien treatment option. The patient has the diagnoses for depression and anxiety. Therefore, the request is medically necessary and is certified.