

<b>Case Number:</b>	CM15-0058094		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46-year-old male, who sustained an industrial injury on 5/14/2007. He reported a slip and fall down a hill. The injured worker was diagnosed as having left knee internal derangement with arthroscopy and subsequent total knee replacement, right knee sprain, chronic pain syndrome related to depression and hypertension. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 2/25/2015, the injured worker complains of right knee pain. The treating physician is requesting Wellbutrin and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 150mg #60:** 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), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

**Decision rationale:** According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However, there is no evidence of its effectiveness in chronic neck and back pain. Although the drug was previously used for this patient to treat depression, there is no recent documented evidence of its efficacy. In addition, according to the progress report dated February 25, 2015, the provider's plan was to switch to another anti-depressant, Effexor (previously certified). Based on the above, the prescription of Wellbutrin 150MG #60 is not medically necessary.

**Protonix 20mg #60:** 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), Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. There is no justification for the prescription of Protonix. Therefore, the prescription of Protonix 20 mg #60 is not medically necessary.