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| Case Number: | CM14-0214933 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 01/17/2011 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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, Hawaii
 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 patient is a 63-year old female with date of injury 1/17/11. The treating physician report dated 11/4/14 (42h) indicates that the patient presents with neck, shoulder and low back pain. She additionally continues to have numbness and tingling in the upper extremities along with depression secondary to her chronic pain and disability. The physical examination findings reveal positive tenderness over the paracervical musculature. Cervical flexion and extension had pain. There was positive greater tuberosity tenderness in the left shoulder that was mild and positive Tinnel and Phalen's tests that were mild. Prior treatment history includes physical therapy acupuncture, and epidurals. MRI findings were not included in the clinical history provided. Current medications are Tramadol, Citalopram, Levothyroxine, Bupropion, Atorvastatin, Diclofenac, Zolpidem, Cyclobenzaprine and Omeprazole. The current work status is temporarily totally disabled. The current diagnoses are: 1. Post bilateral carpal tunnel release. 2. Post left and right shoulder arthroscopy. 3. Post cervical spine decompression and fusion. 4. Left upper extremity radiculopathy. 5. Depression. The utilization review report dated 11/26/14 (11e) denied the request for Wellbutrin 150mg #30 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient continues to have depression secondary to her chronic pain and disability. The current request is for Wellbutrin 150mg #30. The treating physician report dated 11/4/14 (42h) states Wellbutrin for depression and neuropathic pain as she gets pain relief and improved function with the medications. Wellbutrin (bupropion) is an antidepressant medication used to treat major depressive disorder and seasonal affective disorder. MTUS guidelines on Antidepressants states: Bupropion (Wellbutrin) has shown some efficacy in neuropathic pain. There is no evidence of efficacy in patients with non-neuropathic chronic low back pain." In this case, the medication is being used for the patient's anxiety and depression as evidenced by her PHQ4 score of 6 (PR2 dated 10/21/14, page 18h), for which it is indicated. Here we find the clinical history has documented the patients benefit from the use of this medication in accordance with MTUS guidelines. Thus the request and on-going use of Wellbutrin is medically necessary. Recommendation is for authorization.