

Case Number:	CM15-0111700		
Date Assigned:	06/19/2015	Date of Injury:	01/15/2013
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic neck, shoulder, arm, and hand pain reportedly associated with an industrial injury of January 15, 2013. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for Wellbutrin. The claims referenced a May 28, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant reported ongoing complaints of chronic low back pain, hand pain, shoulder pain, wrist pain, and depression, it was stated. The applicant's medication list included Wellbutrin, Effexor, Pennsaid, Percocet, and Naprosyn, it was stated. 4/10 pain with medications versus 8/10 pain without medications was reported. The attending provider stated that ongoing usage of Wellbutrin had ameliorated the applicant's energy levels, mood, and mental clarity. The applicant was nevertheless placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin SR 100 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for Wellbutrin, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Wellbutrin may be helpful in alleviating symptoms of depression, as were/are present here. The attending provider did, furthermore, posit that ongoing usage of Wellbutrin had ameliorated the applicant's mood, augmented the applicant's energy levels, and improved the applicant's functioning from a mental health perspective. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.