

Case Number:	CM15-0112062		
Date Assigned:	06/18/2015	Date of Injury:	05/09/2009
Decision Date:	07/28/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/10/2015

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: California, 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 52 year old female, who sustained an industrial injury on May 9, 2009. She reported left knee, leg, ankle, right shoulder, lumbar spine, neck and head pain after slipping and falling in a pool. The injured worker was diagnosed as having impingement syndrome of the right shoulder status post decompression, distal clavicle excision, biceps tendon release and rotator cuff repair with persistent symptomology, internal derangement of the left knee with radiographic evidence of abnormalities, discogenic lumbar disease with positive nerve studies involving the lumbar 5-Sacral 1 regions bilaterally and chronic pain syndrome. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right shoulder, psychiatry evaluations. Injections in the right shoulder, surgical intervention of the left knee, bariatric surgery with 120-pound weight loss, medications, conservative care, physical therapy and work restrictions. Currently, the injured worker complains of continued chronic left knee, leg, ankle, right shoulder, lumbar spine, neck and head pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 13, 2015, revealed continued pain as noted with bilateral numbness and tingling of the upper extremities. It was noted she had completed physical therapy sessions and would be prescribed a cold wrap and back brace. Evaluation on April 1, 2015, revealed continued complaints of pain as noted with associated symptoms. She noted depression, anxiety and disrupted sleep secondary to chronic pain. Wellbutrin was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #60: Upheld

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 for chronic pain Page(s): 13-14, 16, 27.

Decision rationale: CA MTUS Guidelines state that Wellbutrin may be effective for neuropathic pain but not non-neuropathic pain. It is a second-line option for treatment of chronic pain. It is also used for the treatment of depression. In this case, there is no evidence of documentation of improved pain relief or function due to the use of Wellbutrin. In addition, despite two psychiatric evaluations, the patient has not been diagnosed with depression. Psychiatric assessments recommended referral to pain management. Therefore, the medical necessity of Wellbutrin has not been established and is not medically necessary.