

Case Number:	CM15-0120791		
Date Assigned:	07/01/2015	Date of Injury:	01/19/2006
Decision Date:	07/30/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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, Alabama, 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 73-year-old male who sustained an industrial injury on January 19, 2006. He has reported depressive symptoms and difficulty sleeping and has been diagnosed with major depressive disorder, insomnia type sleep disorder due to pain, male hypoactive sexual desire disorder due to pain, and psychological factors affecting medical condition. Treatment has included medications and therapy. The injured worker has been taking prescribed medications on a month-to-month basis in coordination to a once a month consultation. This allowed for the doctor and patient to address any changes and monitor the effectiveness of the medications. It was noted that it is essential they continue taking these medications as prescribed to prevent regression. The treatment request included Wellbutrin XL 150 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL (extended release) 150 mg Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Based on the above, the prescription of Wellbutrin XL 150MG # 120 is not medically necessary.