

Case Number:	CM15-0127739		
Date Assigned:	07/14/2015	Date of Injury:	01/20/2011
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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

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 injured worker is a 43 year old male, who sustained an industrial injury on 1/20/11. The injured worker has complaints of neck pain, low back pain and left shoulder pain. The diagnoses have included major depressive affective disorder, single episode, in partial or unspecified remission. Treatment to date has included trigger point injections; group therapy; flexeril; tramadol ER; wellbutrin; nalfon; protonix; norco; nerve studies in 2012 were unremarkable and lumbar magnetic resonance imaging (MRI) in January 2013 showed disc disease at L3-L4, L5-L5 and L5-S1 (sacroiliac) and foraminal narrowing at l5-S1 (sacroiliac), more on the left than on the right; magnetic resonance imaging (MRI) also showed some acromioclavicular (AC) joint wear prior to surgery. The request was for wellbutrin XL 300mg (150mg #60) with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg (150mg #60) with 2 refills: Overturned

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 (Wellbutrin) Section Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter/Bupropion (Wellbutrin) Section.

Decision rationale: Per MTUS Guidelines Wellbutrin is the brand name for bupropion, an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Per the ODG, Wellbutrin is recommended as a first-line treatment option for major depressive disorder. See Antidepressants for treatment of MDD (major depressive disorder). FDA has concluded that the generic drug Budeprion XL (bupropion hydrochloride) cannot be considered therapeutically equivalent to the brand-name product Wellbutrin. In this case, the injured worker is taking Wellbutrin for major depressive disorder and insomnia. He is currently in partial remission but continues to experience some insomnia. The request for Wellbutrin XL 300mg (150mg #60) with 2 refills is medically necessary.