

Case Number:	CM15-0127956		
Date Assigned:	07/14/2015	Date of Injury:	08/11/2012
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/02/2015

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 [REDACTED] beneficiary who has filed a claim for chronic wrist and hand pain reportedly associated with an industrial injury of August 11, 2012. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for Wellbutrin. The claims administrator referenced an RFA form received on June 9, 2015 in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant reported ongoing complaints of hand and wrist pain. The applicant was having difficulty performing gripping, grasping, and lifting tasks, it was reported. The applicant was only able to lift article weighing up to five pounds, it was reported. The applicant had received Workers' Compensation indemnity benefits and State Disability Insurance (SDI) benefits. The applicant was in the process of applying for Social Security Disability Insurance (SSDI) benefits, it was reported. Oral Voltaren, Protonix, Wellbutrin, Remeron, and Lunesta were endorsed. The applicant was described as having ancillary issues with psychological stress, insomnia, and depression; it was reported in the review of systems section of the note. It was not clearly stated whether Wellbutrin was being employed for chronic pain purposes or for mental health purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin SR 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 47; 402, Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: No, the request for Wellbutrin, an atypical antidepressant, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Wellbutrin may be helpful in alleviating symptoms of depression and while page 16 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Wellbutrin has been shown to be effective in relieving neuropathic pain of different etiologies, both positions are qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it is being employed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the June 2, 2015 progress note at issue did not clearly state for what issue, diagnosis, and/or purpose Wellbutrin was being employed, nor did the attending provider state whether or not ongoing usage of Wellbutrin was or was not proving effectual in whatever role it was being employed, either chronic pain-related or depression-related. The fact that the applicant remained off of work as of June 2, 2015 and continued to report issues with sleep disturbance, psychological stress, and depression suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Wellbutrin. Therefore, the request is not medically necessary.