

Case Number:	CM15-0172394		
Date Assigned:	09/14/2015	Date of Injury:	05/19/2009
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 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 54-year-old male who sustained an injury on 5-19-09 resulting when he twisted his right knee. X-rays showed narrowing of the medial compartment and he was diagnosed with a sprain, given a knee immobilizer, anti-inflammatories and physical therapy. MRI performed on 7-16-09 revealed trico compartmental osteoarthritis with severe osteoarthritis in the medial joint compartment. He developed left knee pain due to compensation and on 10-29-10 was diagnosed with bilateral knee internal derangement and Achilles tendonitis of the left lower extremity. MRI lumbar spine 6-2-11 revealed L3 through S1 spondylosis; MRI left knee on 6-24-11 revealed degenerative medial and lateral menisci with near total loss of cartilage in the lateral compartment. Diagnoses noted on 4-27-15 include internal derangement of the left knee bilaterally; status post injection to each knee and two cortisone injection to each knee; discogenic lumbar condition with radicular component down the lower extremities; MRI (January 2015) shows bulging at L2-L3 and protrusion at L3-L4, L4-L5, L5-S1 with facet inflammation at L4-L5 bilaterally; resolution of his ankle Achilles tendon. Wellbutrin slow Release 150 mg #60 was recommended at this examination. Urine toxicology test on 6-8-15 was negative. The PR 2 from 8-6-15 indicates he has 180 degrees of extension and flexion is 115 degrees on the right and 110 degrees on the left; ankle dorsiflexion is 15 degrees and plantar flexion is 40 degrees. There is tenderness along the joint line; patellar, medial and lateral bilaterally. Wellbutrin was noted to be reduced to 30 tablets on May 12, 2015. Current requested treatments Wellbutrin #30. Utilization review 8-19-15 non-certified requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 16.

Decision rationale: In this case, the claimant had depression and anxiety for years. The claimant has undergone therapy and seen psychology. The claimant has been on various SSRIs. However, in this case, there was no clear information regarding the use of Wellbutrin. Whether it was used for pain or depression. Clinical response or failure to other medications was not substantiated. The Wellbutrin was not justified and therefore it is not medically necessary.