

Case Number:	CM15-0178524		
Date Assigned:	09/18/2015	Date of Injury:	05/03/2001
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, 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:

This is a 58 years old female patient, who sustained an industrial injury on 5-3-2001. The diagnoses include cervical intervertebral disc degeneration, chronic pain syndrome, cervical facet joint pain, chronic depression, brachial neuritis, anxiety and neoplasm of the soft tissue of the cervical spine. Per the doctor's note dated 8-25-2015, she had complaints of chronic neck pain. She rated her pain 10 out of 10 without medications and 5 out of 10 with medications. She is noted to have reported depression and heart burn as medication side effects. Patient had improvement with chronic pain medications and allowed to complete ADLs. Physical examination revealed tightness and spasms in the neck area with a restricted range of motion. The medications list includes Norco, Fentanyl patch, Klonopin, Gabapentin and Wellbutrin. She has had cervical MRI in 8/2013 which revealed minimal disc bulges at C5-6 and C6-7, perineural cysts in C4-5 and C5-6. She has undergone lumbar spine surgery in the past. The treatment to date has included: ice, heat, rest, gentle stretching and exercise, medications, physical therapy. The request for authorization is for: one prescription of Wellbutrin 150mg #60. The UR dated 9-2-2015: non-certified one prescription of Wellbutrin 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150mg #60: Overturned

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): Bupropion (Wellbutrin).

Decision rationale: Wellbutrin contains Bupropion, an anti-depressant drug. According to CA MTUS guidelines "Bupropion (Wellbutrin), a second-generation non-tricyclic anti-depressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non neuropathic chronic low back pain." Per the records provided patient had chronic neck pain with depression. She has a history of lumbar surgery. Wellbutrin is recommended in a patient with pain and depression. The request for Wellbutrin 150mg #60 is medically appropriate and necessary for this patient.