

Case Number:	CM15-0027662		
Date Assigned:	02/18/2015	Date of Injury:	04/01/2004
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 68 year old male, who sustained an industrial injury on 4/1/2004. He reports a fall and a head, right shoulder, low back and right knee injuries. Diagnoses include post-concussion syndrome, status post right shoulder arthroscopy, right shoulder osteoarthritis, status post right shoulder arthroscopic revision of subacromial decompression and partial acromioplasty, lumbar spine degenerative disc disease, status post right knee arthroscopic debridement, articular cartilage damage, patello-femoral joint with pick arthroplasty and patello-femoral joint compartment denuded down to bone on 3/30/2010. Treatments to date include surgery, steroid injections, physical therapy, home exercises and medication management. A progress note from the treating provider dated 1/9/2015 indicates the injured worker reported pain in the right shoulder, lower back and right knee. According to a psychiatric examination narrative dated January 23, 2015, the injured worker has residual permanent psychiatric disability rated moderate to severe. He takes Wellbutrin to improve his mood, his outlook, his energy level and his ability to maintain attention. It is also noted that the injured worker has previously taken other medications. It is noted that the patient is able to better control himself when upset. The patient reports good control of his temper. On 1/22/2015, Utilization Review non-certified the request for Bupropion 100mg #56, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

56 tablets of Bupropion 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (bupropion) Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines, Wellbutrin (bupropion).

Decision rationale: According to the MTUS guidelines, Wellbutrin (bupropion) is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. According to the Official Disability Guidelines, Bupropion (Wellbutrin) is recommended as a first-line treatment option for major depressive disorder. According to a psychiatric examination narrative dated January 23, 2015, the injured worker has residual permanent psychiatric disability rated moderate to severe. He takes Wellbutrin to improve his mood, his outlook, his energy level and his ability to maintain attention. It is also noted that the injured worker has previously taken other medications. It is noted that the patient is able to better control himself when upset. The patient reports good control of his temper. As such the request for bupropion is supported. The request for 56 tablets of Bupropion 100mg is medically necessary.