

Case Number:	CM15-0073147		
Date Assigned:	04/23/2015	Date of Injury:	09/26/2013
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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 50 year old female patient who sustained an industrial injury on September 26, 2013. The diagnoses include post traumatic vascular type headaches with several episodes of loss of vision and imbalance due to complicated vascular headaches and pain and numbness of both hands, most likely due to bilateral carpal tunnel syndrome. She sustained the injury when a co worker threw 1-2 pounds piece of plastic and it struck on her right side of head. Per the doctor's note dated 2/27/2015, she had complaints of headache, less intense wit occipital nerve blocks; moderately depressed and difficulty sleeping. The physical examination revealed cervical spine- within normal limits and normal motor and sensory examinations. The medications list includes topamax, remeron and anaprox. The treatment request included Wellbutrin. She has had occipital nerve blocks for this injury. She has undergone right carpal tunnel release, lumpectomy for benign breast lesion and removal of venous varicosities in lower extremities. She has had CT and MRI of the brain with unremarkable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: Request: Wellbutrin. Wellbutrin contains bupropion, an anti depressant drug. According to CA MTUS guidelines cited below "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (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 headache and sleep disturbances. A detailed history of depression is not specified in the records provided. Evidence of neuropathic pain is not specified in the records provided. Dose, frequency and duration of Wellbutrin is not specified in the records provided. The medical necessity for Wellbutrin is not fully established for this patient. The request IS NOT medically necessary.