

<b>Case Number:</b>	CM15-0074537		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: North Carolina, Georgia  
 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 47 year old male, who sustained an industrial injury on April 10, 2012. He reported a loss of consciousness and injuries to the head, neck, and back. The injured worker was diagnosed as having status post fall with closed blunt head trauma, post-concussion headaches with a definite component of cervicogenic headaches, and benign positional vertigo with a component of post-concussion syndrome. Diagnostics to date has included MRI, x-rays, electroencephalogram, electrodiagnostic studies, and urine drug screening. Treatment to date has included acupuncture, psychotherapy, right shoulder injections, physical therapy, chiropractic therapy, extracorporeal shock wave therapy of the right shoulder, a walker, and medications including an antidepressant, a tricyclic antidepressant for headache prophylaxis, and migraine, non-steroidal anti-inflammatory, proton pump inhibitor, and pain. On March 9, 2015, the injured worker complains of improvement of his headaches, except for the previous night. He has an average of 1-2 episodes per week. He noted a whistling noise in both ears over the prior several days. He takes his migraine medication about twice a week. He reports fewer headaches with decreased severity with the increased dosage of the tricyclic antidepressant medication over the past two months. The physical exam revealed persistent right suboccipital and upper trapezius trigger points. His headache is reproduced by palpation. There was a palpable, mobile, and non-tender soft tissue mass adjacent to the left ear and the condylar head. There was persistent severe palmar hyperhidrosis bilaterally. The treatment plan includes continuing the tricyclic antidepressant medication. The antidepressant medication is provided to the injured worker by another physician. The requested treatment is an antidepressant medication.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Wellbutrin XL 150 #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 13-16.

**Decision rationale:** The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non neuropathic pain, especially with underlying depression present, the effectiveness may be limited. Wellbutrin is considered second line after failure of an SSRI agent. The medical records clearly include a diagnosis of depression and chronic pain but do not document specific response to Wellbutrin and do not document failure of a first line agent. The medical records do not establish medical necessity of Wellbutrin.