

<b>Case Number:</b>	CM15-0078235		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/29/1993
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 60-year-old female, who sustained an industrial injury on 6/29/1993, while employed as a magnetic resonance imaging technician, after a large patient fell on her. The injured worker was diagnosed as having post laminectomy syndrome, depressive disorder, and arthritis of the hip. Treatment to date has included diagnostics, multiple spinal surgeries, left hip replacement surgery (8/2014 with post-operative physical therapy), right hip replacement (2005), right wrist surgery in 2012, physical therapy, and medications. Currently (3/11/2015), the injured worker was seen for routine follow-up. She reported continued benefit from Oxycontin and Percocet, remained committed to tapering this off, and reported that she decreased Percocet use to once daily most days. Pain was not rated. She was continuing physical therapy and reported 2 remaining sessions. She reported physical therapy as helping a lot, but had not met goals, and her physical therapist requested 6 additional sessions. Medication use included Imitrex, Methocarbamol, Oxycontin ER, Percocet, Voltaren topical gel, Voltaren XR, and Wellbutrin SR. The treatment plan included medication refills and additional physical therapy x6. The previous progress report, dated 2/09/2015, noted increased pain after restarting physical therapy. On this visit, she also reported dealing "ok" with episodes of depression and did not want to return to her psychologist. The use of Wellbutrin was noted for greater than 2 years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin SR 150mg #60 with 5 refills:** Upheld

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

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

**Decision rationale:** The patient was injured on 06/29/1993 and presents with depressive disorder, chronic pain, hip osteoarthritis, hip arthritis, knee pain, lumbar postlaminectomy syndrome, and chronic pain syndrome. The request is for Wellbutrin SR 150 mg #60 with 5 refills. The RFA is dated 03/19/2015, and the patient is retired. The patient has been taking this medication as early as 01/21/2014. MTUS Guidelines under specific antidepressants page 16 for bupropion states that this is a second-generation non-tricyclic antidepressant (a noradrenaline-dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants pages 13 to 15 state, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." The patient has muscle aches, arthralgias/joint pain, back pain, swelling in extremities. She is diagnosed with arthritis of hip, depressive disorder, and lumbar postlaminectomy syndrome. Review of the reports provided indicates that Wellbutrin "helps her depression." While it appears that Wellbutrin may benefit the patient's pain and function, there is no indication of any neuropathic pain the patient may have. Wellbutrin is supported by MTUS Guidelines for patients with neuropathic pain, which this patient does not present with. Therefore, the requested Wellbutrin is not medically necessary.

**6 sessions of physical therapy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient was injured on 06/29/1993 and presents with depressive disorder, chronic pain, hip osteoarthritis, hip arthritis, knee pain, lumbar postlaminectomy syndrome, and chronic pain syndrome. The request is for six sessions of physical therapy. The utilization review denial rationale is that "current guidelines recommend 9 visits over 8 weeks for strain and myalgia conditions of the hip. Considering the functional improvement from the first 6 visits, this patient should be allowed to complete 3 more visits. Therefore, based on the current treatment guidelines and the patient's clinical records, the perspective request for 6 sessions of physical therapy is certified with modification, to allow for #3 sessions with the remaining #3 sessions noncertified." The RFA is dated 03/19/2015, and the patient is retired. The patient had a total hip arthroplasty on 08/18/2014. The utilization review denial letter states that the patient had 12 sessions of physical therapy from 09/11/2014 to 11/17/2014 and 6

sessions of physical therapy from 02/03/2015 - 03/13/2015. The patient's physical therapy visit note from 03/11/2015 showed they had improved left hip range of motion and they were able to walk further with less pain. The 03/11/2015 report states, "She reports the PT is helping a lot." MTUS Chronic Pain Medical Treatment Guidelines page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with arthritis of hip, depressive disorder, and lumbar post-laminectomy syndrome. The patient had a total hip arthropathy on 08/18/2014, and is now past the post-surgical timeframe of 6 months. The patient has had benefit from prior therapy, and the treater is requesting for 6 additional sessions of physical therapy which is within MTUS Guidelines. The requested physical therapy is medically necessary.