

Case Number:	CM15-0092577		
Date Assigned:	05/19/2015	Date of Injury:	03/26/2003
Decision Date:	06/24/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/13/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 3/26/03. The injured worker has complaints of neck and headaches and back and hip pain. The diagnoses have included cervicalgia. The documentation noted that the injured worker had a preexisting major depressive disorder and panic disorder. The documentation noted that the lamictal helped with mood along with wellbutrin. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine from 6/12/06 with L3-L4 through L5-S1 (sacroiliac) deteriorating disk disease; duragesic patch; dilaudid; Celebrex; lamictal; wellbutrin XL and topamax. The request was for wellbutrin 150mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

Decision rationale: Regarding the request for Wellbutrin (bupropion), Chronic Pain Medical Treatment Guidelines states that Wellbutrin is a second-generation non-tricyclic antidepressant has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Additionally, ACOEM guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is evidence of industrially related depression due to a motor vehicle accident and the associated trauma following the initial injury. The patient has been on Wellbutrin for years, and it is appropriate for the management of depression. However, a six month supply at once which is what a 90 day supply plus 1 refill would equate too is excessive. The patient should be more closely monitored for side effects and efficacy of Wellbutrin. The modification by the utilization review determination should stand, and the original request is not medically necessary.