

<b>Case Number:</b>	CM13-0019141		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. The expert reviewer is Board Certified in Neuromuscular Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old female who sustained a work related injury on 9/14/11 when a box weighing approximately 60 pounds slipped and fell onto her hand, causing hyperextension of her middle finger. Since the date of injury, she has had left hand and middle finger discomfort that was thought to progress to reflex sympathetic dystrophy as she continually complained of sharp pain with associative numbness and tingling with pain radiating proximally to the ipsilateral shoulder. An electromyography (EMG) was obtained on 6/29/12 that demonstrates moderate pathology of median nerve at left wrist, consistent with left carpal tunnel syndrome and cervical radiculopathy, most likely affecting the left C4-5 nerve roots. She had a first left stellate ganglion block in July of 2012. A plain radiograph obtained on 5/29/13 of the left hand demonstrates osteoarthritic changes of the hand, most severe involving the distal interphalangeal joint of the third digit. Regarding the psychiatric history, the patient was initially seen on 8/7/12 and found to have both moderate cognitive impairment and moderate depression. She was diagnosed with major depressive disorder (single episode) with the patient started on Escitalopram (initially at 10mg, then increased to 20mg daily) as well as weekly therapy visits for supportive and cognitive behavioral therapies. The patient was seen on at least a quarterly basis by her psychiatrist. On 6/18/13, her psychiatrist documented that she needed to change to Bupropion because of weight gain with the Escitalopram. There is a documented improvement in her energy level, and feeling happier, and denial of feeling depressed, and experiencing panic attacks. She also had a 6-pound weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion XL (Wellbutrin) 300mg, #30: Overturned**

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

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

**Decision rationale:** 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. Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI). It is clear the patient established psychiatric care and was periodically seen for her major depressive disorder. Initially, therapy included a SSRI, but she began to experience undesirable side effects, so a change in medication was made with tremendous improvement. As such, the request is both medically necessary.