

<b>Case Number:</b>	CM13-0023571		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 52 year old female who was injured on 3/30/2009. Mechanism of injury was reported as she fell onto her left arm injuring her thumb and shoulder while trying to complete an agility drill. Prior treatment history has included 3 cortisone injections, patient uses Voltaren gel and Zanaflex, patient had a CMC arthroscopic resection 12/16/2011 and patient has completed physical therapy which the doctor is waiting on the new request for physical therapy to be approved. Diagnostic studies performed include: X-ray of cervical spine 8/13/2012 that revealed loss of lordosis and moderate DDD to C5-7, X-ray of left hand 8/13/2012 revealed partial resection of the left trapezium with degenerative joint disease of the remaining joint and narrowing, Electrodiagnostic of upper extremities on 4/7/2009 revealed cubital tunnel and Guyon tunnel syndrome and MRI of neck revealed C-5-7 mild degenerative disc disease. Most recent clinic note dated 11/01/2012 documented the patient to have the same complaints she had on previous evaluation dated 10/4/2012; complaints of Neck pain/discomfort and moderate tenderness and grind in left thumb. Objective findings on exam included: mild tenderness of the midline of C6-7 and discomfort in the trapezius bilaterally with left greater than right. Patient has a 2cm dorsal scar over the CMC left thumb with moderate tenderness and grind. The patient was diagnosed with degenerative disc disease C5-7 strain, tardy cubital tunnel syndrome, left trapezial resection for arthritis, left lumbosacral sprain and carpal tunnel syndrome. [REDACTED] wants the patient to continue on the Voltaren and Zanaflex which are reported as finally helping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUPROPION HCL TAB, 300MG XL #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON- MTUS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NEUROPATHIC PAIN, SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS):BUPROPION (.

**Decision rationale:** According to the CA MTUS guidelines, Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. It is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The medical records do not document current subjective complaints with corroborating relevant clinical findings and treatment history that meet this guideline. In presence of the documented CA MTUS guidelines, the request does not meet the guideline criteria. Therefore, the medical necessity of Wellbutrin has not been established this time.