

<b>Case Number:</b>	CM13-0061606		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Occupational Medicine, 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 62 year old male who was injured on 11/02/2010 while employed as a cab driver. He states that he was stopped by an intoxicated client needing a lift. The patient declined the request and went off to discuss with another potential customer. Then the intoxicated client jumped into his cab. The window was opened and the patient tried to reach for the key. The client started the car and moved about 50 yards while the patient was hanging on his right shoulder. He fell on the ground and lost consciousness for an unknown period of time. Prior treatment history has included the patient having bilateral transforaminal epidural steroid injection on 10/23/2013. The patient's medications include: Naproxen, Metamucil, Nucynta, Omeprazole, Silenor, Avalide, Lipitor, Aspirin, and Zolof. Diagnostic studies reviewed include a lumbar MRI dated 01/21/2011 revealing multilevel lumbar degenerative disc disease at L1-5 and L5-S1 with less degree in L3-4, bilateral foraminal narrowing at these levels and Grade I anterolisthesis of L5-S12. A cervical spine MRI dated 05/09/2011 revealed multilevel cervical degenerative disc disease, moderate left C4-5 foraminal stenosis and facet arthropathy, mild C6-C7 spinal stenosis (9mm) with moderate bilateral foraminal narrowing. A progress note dated 11/04/2013 documented the patient rates his pain as 9/10. The worst pain is located in his shoulder, both upper extremities right lower extremity. He describes pain as constant, sharp-shooting and burning with pins and needles sensations. He reports tingling, numbness in his hands and legs and weakness due to pain but denies any associated symptoms of bowel/bladder incontinence. The pain is aggravated by sitting and getting up. The pain is mildly alleviated by water and medication. He is status post TFESI done a few days ago and notes little improvement so far. He is scheduled for another injection in two weeks. He was stopped on Celebrex his last visit and was told by his PCP he is okay to have NSAIDs. Objective findings on examination reveal cervical spine range of motion is severely reduced in flexion, extension, lateral rotation

and lateral bending as the patient declines, per the patient's statement that he does not want to move his neck. Motor strength is 4/5 in bilateral upper extremities due to pain/deconditioning. Sensation is reduced to pinprick but not temperature along the lateral aspect of both hands. DTRs are 0/1 in upper extremities. Lumbar range of motion is reported to be reduced in flexion, extension, lateral rotation and lateral bending as the patient prefers not to do the range of motion. Muscle strength is 4+/5 on left and 4/5 on right lower extremity that could be due to pain. Sensation is reduced to pinprick in left 405, S1 dermatomes. DTRs are 1+ bilateral ankles and 0-1+ bilateral knees. Straight leg raise test causes right thigh pain at 30 degrees. Patrick/Gaenslen's negative.

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

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

**Wellbutrin XL 150 mg, # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Bupropion (Wellbutrin®) is recommended as an option after other agents. 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, 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 SNRI. The medical records provided for review document the patient was diagnosed with lumbar disc with radiculitis, cervical disc with radiculitis and major depressive disorder. However, this medication is not requested by the pain management physician as revealed in the report dated 11/04/2013. Additionally, the patient had decided against taking the medication as revealed in a psychiatry PR which was dated 12/13/2013. Therefore, the request is not medically necessary according to the MTUS Chronic Pain Guidelines and the psychiatric note.