

<b>Case Number:</b>	CM14-0102102		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/05/1997
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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, has a subspecialty in Interventional Spine 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 66-year-old male with a date of injury of 02/05/1997. The listed diagnoses per [REDACTED] are: 1. Status post right wrist and forearm contusion and tendinitis. 2. Slip L4-L5 and L5-S1 degenerative disk disease, left-sided sciatica. 3. Right knee patellar tendinitis. According to progress report 03/11/2014, this patient presents with mechanical low back pain and right knee chondromalacic pain. Examination revealed muscle spasm in the lower back with decreased range of motion on all planes. The patient's medication regimen includes Wellbutrin, meloxicam, BuSpar, Viagra and blood pressure medications. The request is for refill of Wellbutrin 100 mg #30 and 200 mg #60. Utilization review denied the request on 06/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin (Bupropion HCL) 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with mechanical low back pain and right knee chondromalacic pain. The treater is requesting Wellbutrin 100 mg #30. The MTUS on antidepressant page 13 through 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." This patient meets the indication for this medication as the medical records document neuropathic pain and depression; however, the treater does not discuss the efficacy of this medication. He provides no discussion regarding functional changes or decrease in pain with taking Wellbutrin. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

**Wellbutrin (Bupropion HCL SR) 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with mechanical low back pain and right knee chondromalacic pain. The treater is requesting Wellbutrin 200 mg #60. The MTUS on antidepressant page 13 through 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." This patient meets the indication for this medication as the medical records document neuropathic pain and depression; however, the treater does not discuss the efficacy of this medication. He provides no discussion regarding functional changes or decrease in pain with taking Wellbutrin. The MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.