

<b>Case Number:</b>	CM14-0154193		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 62-year old female with a date of injury of 01/17/11. She was driving a loaded semi-truck which jack knifed into the median while she was trying to avoid hitting a car that spun out in front due to icy road. Her prior treatment included physical therapy and medications. The progress notes from 06/17/14 were reviewed. Subjective complaints included sharp shooting pain in neck at 5/10 in intensity. She continued to have lower back pain. She was status post cervical spine surgery on May 20, 2014. Her numbness had resolved, but she had tingling to the left fingers. Pertinent objective findings included negative Spurling's test, positive tenderness over the paracervical musculature, limited neck range of motion, positive Tinel's and Phalen's test and well healed scars of bilateral shoulders and wrists. The diagnoses included status post bilateral carpal tunnel release, status post left shoulder arthroscopy, status post right shoulder arthroscopy, right shoulder rotator cuff tendonitis, cervical spine herniated disc, neuropathic pain bilateral upper extremities, left upper extremity radiculopathy and depression. Her treatment included Cyclobenzaprine, Diclofenac, Omeprazole, and Tramadol ER, Wellbutrin SR for depression and neuropathic pain and functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Wellbutrin SR 150mg #60 for DOS 7/22/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion, page(s) 16 Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Wellbutrin

**Decision rationale:** The employee was a 62-year old female with a date of injury of 01/17/11. She was driving a loaded semi-truck which jack knifed into the median while she was trying to avoid hitting a car that spun out in front due to icy road. Her prior treatment included physical therapy and medications. The progress notes from 06/17/14 were reviewed. Subjective complaints included sharp shooting pain in neck at 5/10 in intensity. She continued to have lower back pain. She was status post cervical spine surgery on May 20, 2014. Her numbness had resolved, but she had tingling to the left fingers. Pertinent objective findings included negative Spurling's test, positive tenderness over the paracervical musculature, limited neck range of motion, positive Tinel's and Phalen's test and well healed scars of bilateral shoulders and wrists. The diagnoses included status post bilateral carpal tunnel release, status post left shoulder arthroscopy, status post right shoulder arthroscopy, right shoulder rotator cuff tendonitis, cervical spine herniated disc, neuropathic pain bilateral upper extremities, left upper extremity radiculopathy and depression. Her treatment included Cyclobenzaprine, Diclofenac, Omeprazole, and Tramadol ER, Wellbutrin SR for depression and neuropathic pain and functional restoration program. According to MTUS, Chronic Pain Medical Treatment guidelines, Bupropion is a second-generation non-tricyclic antidepressant that has been effective in relieving neuropathic pain of different etiologies in a small trial. In addition, Official Disability guidelines consider it as a first line treatment for depression. The employee had a diagnosis of depression and neuropathic pain with radiculopathy of upper extremities. The medical records indicated that the employee was taking Wellbutrin SR for depression. Given the history of depression and also neuropathic pain, Wellbutrin SR is medically necessary and appropriate.