

<b>Case Number:</b>	CM14-0023334		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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:

This is a 53 year old male patient with a date of injury of 10/17/11. The mechanism of injury occurred when he slipped on a wet floor and twisted without falling. He had an immediate pain in the lower back. He also sustained an injury in a motor vehicle accident on 1/2/1, at which time he twisted the right leg and struck the rib cage against the car. On 12/23/13, he complained of a severe aching back and bilateral leg pain. The patient's gait was mildly antalgic to the right. Examination of the spine showed that the left shoulder was higher than the right and the right iliac crest was higher than the left. There was tenderness on palpation over the sciatic notch bilaterally. The patient has restrictive ROM. The diagnostic impression is a progressively worsening chronic low back pain and bilateral lower extremity radiculitis, right greater than the left. Treatment to date: medication management, modified duties, physical therapy, acupuncture and epidural injections. A UR decision dated 1/23/14 denied the request for Wellbutrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WELLBUTRIN 200MG DAILY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the FDA.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, the ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. The FDA states that Wellbutrin (bupropion) is an antidepressant medication. It works in the brain to treat depression. Wellbutrin is used to treat major depressive disorder and seasonal affective disorder. At least one brand of bupropion (Zyban) is used to help people stop smoking by reducing cravings and other withdrawal effects. It was noted that the patient was smoking at least 9 cigarettes a day and had decreased to 1 cigarette a day. The patient does have a diagnosis of anxiety and depression. The guidelines do support the use of Wellbutrin in this setting; however, there is no specified quantity of Wellbutrin noted. As such, the request is not medically necessary and appropriate.