

<b>Case Number:</b>	CM14-0028676		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 40 year-old female with date of injury 07/20/2011. The medical record associated with the request for authorization, a pain management follow-up report, dated 02/10/2014, lists subjective complaints as pain in the right ankle and foot. An examination of the right ankle and foot revealed well healed scars, and allodynia to pressure and tap throughout the dorsal aspect of the right foot and especially along the lateral malleolar scar. The patient was diagnosed with chronic post-operative pain, chronic pain syndrome, obesity, depression, anxiety, insomnia and reflux esophagitis. The medical records provided for review document that the patient has been taking Wellbutrin XL 300 mg for at least as far back as 08/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WELLBUTRIN XL 300MG QUANTITY 90.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Bupropion (Wellbutrin®).

**Decision rationale:** The ODG states that 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 serotonin-norepinephrine reuptake inhibitors (SNRIs). The patient's pain is non-neuropathic in nature. Wellbutrin is not medically necessary.