

<b>Case Number:</b>	CM14-0033130		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/19/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Pain 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 patient with a date of injury of 10/19/01. A utilization review determination dated 2/6/14 recommends non-certification of Wellbutrin. 2/5/14 medical report identifies neck pain with BUE radiation, low back pain with BLE radiation, and ongoing headaches. Pain is 6/10 with medications and 7/10 without. On exam, there was paraspinal tenderness and limited ROM. Positive Tinel's and Phalen's on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 100MG, #30:** 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 8 C.C.R. 9792.20-9792.26 Page(s): 27 OF 127.

**Decision rationale:** Regarding the request for Wellbutrin, California MTUS notes that it is recommended as an option after other agents in neuropathic pain. It may be considered when patients have not had a response to a tricyclic or SNRI. Within the documentation available for review, there is no documentation of failure of tricyclic and/or SNRI antidepressants and efficacy of prior use of the medication as evidenced by significant quantifiable pain relief and/or specific

functional improvement. In the absence of such documentation, the currently requested Wellbutrin is not medically necessary.