

<b>Case Number:</b>	CM14-0037638		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/15/1990
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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, and is licensed to practice in Nevada. 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 injured worker is a 45 year old female injured on January 15, 1990. The mechanism of injury is not listed in the records reviewed. There is an operative report noting that chemical denervation of multiple nerve roots of the cervical spine was completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XR #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27, 125.

**Decision rationale:** Bupropion is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. The Chronic Pain Medical Treatment Guidelines support its use for the treatment of neuropathic pain; however, there is no evidence of efficiency in patients with non-neuropathic chronic low back pain. There is insufficient clinical information to establish any clinical indication. As such, this request is not medically necessary.

**Ativan 0.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** This medication is a benzodiazepine. This is not recommended for long-term or indefinite use. There is no noted efficacy in the long-term, there is a risk of dependence, and there is no clinical information presented demonstrating any efficacy or utility of this medication. As such, this is not medically necessary.