

<b>Case Number:</b>	CM14-0048137		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/14/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Pain Management 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 injured worker is a 41 year old male with a date of injury on 6/14/2007. He complains of back pain and stiffness. Pain radiates to both thighs and hips as well as shooting down the left leg. Pain level is rated 3/10. On exam, there is pain on palpation of the lumbar facets and with extension / rotation. The strength is 5-/5 in all muscle groups. Sensation is decreased at L5 distribution. Straight leg raise is positive at 10 degrees. The injured worker has been diagnosed with chronic low back pain with spondylosis, lumbar degenerative disc disease, sacroiliitis, and right 5th finger injury with proximal interphalangeal fracture. Medications include Lidoderm patch, Vicodin, Melatonin and Wellbutrin. On 10/15/13, the recommendation by the treating physician was judicious use of medications, Lidoderm patch, Ultram extended release, Wellbutrin, Naprosyn, continue home exercise, repeat sacroiliac joint injection and follow up with his primary care physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 100 mg #90 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

**Decision rationale:** Wellbutrin is the brand name for Bupropion, an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. It is recommended as an option after other agents. 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 inhibitor. In this case, it is not clear how long the injured worker has been taking this medication and for what purpose (i.e. depression, neuropathic pain, back pain). There is no significant history or complaints of depression or neuropathic pain. Also, there is no documentation of any significant improvement in pain, function or mood with this drug. Therefore, the medical necessity of the request for Wellbutrin cannot be established based on the guidelines and available information.