

<b>Case Number:</b>	CM14-0065479		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/17/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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:

According to the medical records, the patient is a 61 year old male who sustained an industrial injury on 3/17/2000. A prior peer review was performed on 4/9/2014, and a peer to peer with the treating physician, [REDACTED] was done. Per the discussion, the physician confirmed the use of Wellbutrin was helpful for the patient's ongoing depressive symptomatology, and ongoing use was anticipated. The request for Wellbutrin was non-certified; Depression was not considered a compensable injury. According to pain management progress report dated 5/23/2014, the patient returns for follow up. He is taking Gabapentin 600 three times daily and Ibuprofen. Since his last visit, Nucynta has been discontinued, and he notes slight increase in pain. He is recommended to try Tramadol 50mg. Current medications listed are Amitriptyline 25mg 3 tablets at bedtime #90, Gabapentin 600mg 1 tablet 3 times per day #90, Wellbutrin-SR 150mg 1 tablet daily #30, Nucynta 50mg 1 tablet daily #30, Lisinopril 10mg 1 taken daily, Fluconazole 200mg 1 tablet daily. Physical examination only documents patient's vitals, pain index: 3. Diagnostic impression: Depressive disorder and post-laminectomy syndrome, lumbar region. Treatment plan is request PT, refill medications including Gabapentin and Ibuprofen, prescribe Tramadol 50mg #30, and return for follow-up in 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication review for Wellbutrin 150mg #30 as an outpatient, for low back injury: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[http://www.acoempracguides.org/Low Back](http://www.acoempracguides.org/Low%20Back); Table 2, Summary of recommendations, Low back Disorders; Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed.; [www.RxList.com](http://www.RxList.com); Official Disability Guidelines Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm); [drugs.com](http://drugs.com); Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com); Monthly Prescribing reference, [www.empr.com](http://www.empr.com); Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov) (as applicable).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 16; Bupropion (Wellbutrin), page 27 Page(s): 16; 27.

**Decision rationale:** According to the CA MTUS guidelines, Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine re-uptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. It is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI medication. The patient has a diagnosis of depressive disorder, however the medical records do not appear to document any subjective complaints/symptoms and no objective findings/observations that support the diagnosis. In addition, this medication is not considered a first-line antidepressant, failure of first-line antidepressant has not been documented. Furthermore, the patient is also treating with gabapentin. The request for Wellbutrin is not supported by the guidelines, and not medically indicated for low back injury. The request is non-certified.