

<b>Case Number:</b>	CM14-0066002		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	10/01/2014	<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 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:

Patient is a 46 year-old female with date of injury 11/02/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/25/2014, lists subjective complaints as lower back pain and left hip pain. Objective findings: 1. Tenderness, left sacroiliac joint 2. Positive Fabere's test 3. Decreased range of motion of lumbar spine. Diagnosis: 1. Status post right knee arthroscopy 2. Lumbar spine Discogenic back pain 3. Left sacroiliitis. The medical records supplied for review were insufficient in determining whether the patient had been taking the following medications farther back than the request for authorization on 06/25/2014. Medications: 1. Bupropion XL 150mg, #90 No SIG provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Bupropion XL 150mg #90 for date of service 3/10/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**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 Official Disability Guidelines state 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 SNRI. The patient's pain is non-neuropathic in nature. Wellbutrin is not medically necessary.