

<b>Case Number:</b>	CM14-0069784		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/09/2000
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 & 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 records presented for review indicate that this 45 year-old male was reportedly injured on 6/9/2000. The mechanism of injury is noted as a pulling injury. The most recent progress note, dated 4/9/2014. The injured worker indicates that there are ongoing complaints of thoracic back pain. The physical examination demonstrated cervical spine: full range of motion, pain with right lateral bending. Positive tenderness to palpation paravertebral muscles tight muscle bands noted on the right side. There is positive tenderness to palpation paracervical muscles and trapezius. Thoracic spine: no limitation range of motion. Positive tenderness to palpation paravertebral muscles, spasm noted on the right side. Lumbar spine: limited range of motion. There is also positive tenderness to palpation paravertebral muscles and tight muscle bands noted bilaterally. Lumbar facet loading is positive on the right side. There is tenderness to palpation over right L3 to S1, positive trigger point with radiating pain and twitch response on palpation to cervical paraspinal muscles on the right, lumbar paraspinal muscles on the right, trapezius muscles on the right. No recent diagnostic studies are available for review. Previous treatment includes trigger point injections; a request was made for Wellbutrin SR 150 mg #60 and was not certified in the pre-authorization process on 4/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin Sr 150mg #60, as an outpatient for Thoracic Pain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 16, 27 & 125 OF 127.

**Decision rationale:** Bupropion (Wellbutrin ) is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. CA MTUS supports its use for the treatment of neuropathic pain; however, there is no evidence of efficiency in patients with non-neuropathic chronic low back pain. As such, this request is not medically necessary.