

<b>Case Number:</b>	CM14-0073097		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and 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:

66y/o male injured worker with date of injury 1/28/08 with related low back pain and psychological issues. Per progress note dated 4/18/14, the injured worker presented with increased back pain radiating from the lower back down left leg. He rated his pain at 3/10 with medications and 9/10 without medications. The injured worker was noted to be taking Ambien, Norco, Wellbutrin Sr, Protonix, Sucralfate and Xanax. Physical examination revealed slowed, stooped and antalgic gait; loss of normal lordosis with straightening of the lumbar spine and surgical scars; restricted flexion limited to 40 degrees limited by pain, extension limited to 10 degrees limited by pain and bilateral rotation limited to 25 degrees; positive bilateral lumbar facet loading; internal rotation of the femur resulted in deep buttocks pain and tenderness over the sacroiliac spine left sacroiliac joint. Motor examination revealed left extensor hallucis longus strength at 4/5 and left ankle dorsi flexors strength at 5-/5. Sensory examination revealed decreased light touch sensation over medial thigh on both sides. Imaging studies were not available for review. The documentation submitted for review does not state whether physical therapy was utilized. He has been treated with medication management. The date of UR decision was 5/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin SR tab 150 mg twice daily #60 with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Wellbutrin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13,16.

**Decision rationale:** With regard to antidepressants for chronic pain, the MTUS states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." With regard to bupropion, it is "a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain." Per psychiatric qualified medical examination dated 9/28/13, diagnostic considerations included depression-related disorder. The injured worker stated that he thought that Wellbutrin was helping his mood. He also noted low back pain 8-9/10, with pain and tingling in his left hip, which radiated down his left leg. The request is medically necessary.