

<b>Case Number:</b>	CM14-0088552		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/05/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Psychiatry, 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:

Injured worker is a 65 year old male with date of injury 9/5/2003. Date of the UR decision was 5/21/2014. Report dated 8/8/2014 indicated that he suffered from ongoing neck, thoracic and upper extremity pain and was doing well with the current medication regimen. It was suggested in the report that he had been successful in reducing the Norco and had been taking it as needed only and it was lasting him longer than usual. The report indicated that the Wellbutrin was helping him with "overall pain, discomfort, motivation and mood". He was along being prescribed Trazodone for sleep. Diagnosis per that report were chronic low back, left lower extremity pain. He was provided a three month prescription of Wellbutrin XL 150 mg #180; i.e 300 mg daily dose. Report dated 6/4/2013 listed diagnosis of Depressive disorder NOS and Cognitive disorder NOS. Report dated 10/08/2012 suggested that injured worker had depression and was taking Wellbutrin for the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Stress and Mental Illness; Bupropion (Wellbutrin®) , Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** MTUS states that Bupropion (Wellbutrin), 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 non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that 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. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss. Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005) The injured worker has been diagnosed with Depressive disorder NOS. ODG guidelines indicate use of Wellbutrin for major affective pathology such as Major Depressive Disorder. MTUS suggests some efficacy of this medication in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. The injured worker has been prescribed Wellbutrin for several years and still continues to suffer with chronic pain and mood related issues secondary to the pain. Thus, the request for Wellbutrin XL 150 mg #180 is not medically necessary.