

Case Number:	CM14-0189636		
Date Assigned:	11/20/2014	Date of Injury:	07/25/1991
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/13/2014

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 62 year-old male with date of injury 07/25/1991. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/02/2014, lists subjective complaints as low back pain. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles. Range of motion was within normal limits. Strength testing was 4/5 on the right side. Sensory examination was within normal limits. Tinel's sign was negative. Diagnosis: 1. Degenerative disc disease of the lumbar spine 2. Spinal stenosis of lumbar region. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as seven months. Medication includes Wellbutrin SR Tab 200mg SIG: BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin tab 200mg SR 1 PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.