

<b>Case Number:</b>	CM14-0204114		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/01/2000
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal 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:

The injured worker (IW) is a 47-year-old woman with a date of injury of October 1, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar displacement without myelopathy; degenerative disc disease, lumbar; post laminectomy syndrome, cervical; and insomnia due to medical condition, classified elsewhere. Pursuant to the sole progress note in the medical record dated July 8, 2014, the IW complains of severe right elbow pain. She also has low back pain, and ongoing right knee pain. Objectively, the IW ambulates with an antalgic gait. Examination of the cervical spine reveals limitations in range of motion with forward flexion, extension, cervical rotation, and side bending. There is mild tenderness to palpation over the bilateral cervical paraspinal muscles, superior trapezius, levator scapula, and rhomboid musculature. There was decreased sensation to light touch and pinprick in the left C6-C7 dermatomal distributions. Current medications include Omeprazole 20mg, Wellbutrin 150mg, Voltaren XR 100mg, Flexeril 10mg, and Gabapentin 600mg. The provider provided prescriptions for Methadone 10mg #270, and Norco 10/325mg #210. The current request is for Wellbutrin 150mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 150 mg PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Wellbutrin.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Wellbutrin 150 mg PO BID #60 is not medically necessary. Wellbutrin is recommended as an option after other agents. While Wellbutrin has shown efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic pain. Wellbutrin is not recommended for low back pain, unless used as a treatment for depression, where it has been recommended. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; degenerative this disease, lumbar; post laminectomy syndrome, cervical. There is a single progress note for review dated July 8, 2014. There is no documentation in the medical record providing a clinical rationale for the use of Wellbutrin. Wellbutrin is not recommended for low back pain. There is no documentation of depression. Consequently, absent clinical documentation to support the ongoing use of Wellbutrin and a clinical indication and rationale, Wellbutrin 150 mg PO BID #60 is not medically necessary.