

<b>Case Number:</b>	CM15-0108197		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 9, 2003. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for bupropion (Wellbutrin). The claims administrator referenced a RFA form received on May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On November 12, 2014, the applicant reported ongoing complaints of low back pain radiating to the legs. A rather proscriptive 10-pound lifting limitation was endorsed. Medication selection and medication efficacy were not detailed. On December 16, 2014, the applicant was given prescriptions of Norco, Effexor, Nucynta, and Cymbalta. It was suggested that the applicant had issues with depression, superimposed on issues with chronic pain. The applicant was tearful and irritable, it was reported. On February 13, 2015, the applicant again reported ongoing complaints of low back pain radiating to the right leg, 4-5/10. The applicant was asked to pursue medial branch blocks, it was reported. Lyrica, Norco, tramadol, and bupropion (Wellbutrin) were endorsed. The note was somewhat difficult to follow insofar as the applicant's medical list was concerned. The attending provider acknowledged that the applicant was unemployed and receiving disability benefits in addition to Worker's Compensation indemnity benefits. It was not explicitly stated whether the applicant was using bupropion (Wellbutrin) for depressive symptoms or for radicular symptoms. On April 13, 2015, the applicant was given an extremely prescriptive 5-pound lifting limitation, resulting in her removal from the workplace. The applicant's low back and radicular pain complaints had not improved substantively, it was acknowledged. The applicant was asked

to consider bariatric surgery. A progress note of January 5, 2015 suggested that bupropion (Wellbutrin) was being endorsed primarily for depressive symptoms, and on a secondary basis, for chronic pain issues.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bupropion HCI 75 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27, 78 and 86.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47, Chronic Pain Treatment Guidelines Bupropion (Wellbutrin); Functional Restoration Approach to Chronic Pain Management Page(s): 16; 7.

**Decision rationale:** No, the request for bupropion (Wellbutrin), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Wellbutrin often take "weeks" to exert their maximal effect, here, however, the applicant had been using bupropion (Wellbutrin) for what appeared to be a minimum of several months, without significant relief. In a similar vein, while page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that bupropion (Wellbutrin) has been shown to be effective in relieving neuropathic pain, as was present here in the form of applicant's lumbar radiculopathy, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, it did not appear that ongoing usage of bupropion (Wellbutrin) had in fact attenuated the applicant's issues with depression, anxiety, and/or radicular pain. It did not appear that ongoing usage of Wellbutrin had generated significant improvements in mood, function, and/or pain. Ongoing usage of Wellbutrin failed to curtail the applicant's dependence on opioid agents such as Norco. A rather proscriptive 5-pound lifting limitation was renewed, seemingly unchanged, from visit to visit, despite ongoing usage of Wellbutrin. The applicant was not working with said limitation in place. Ongoing usage of Wellbutrin (bupropion), in short, failed to effect functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.