

<b>Case Number:</b>	CM15-0166764		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	03/02/2005
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: North Carolina  
Certification(s)/Specialty: Family Practice

### 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 is a(n) 47 year old female, who sustained an industrial injury on 3-2-05. She reported pain in her lower back and underwent several back surgeries. The injured worker was diagnosed as having failed lumbar back syndrome, muscle spasms and lumbar radiculopathy. Treatment to date has included a spinal cord stimulator, psychiatric treatments, Percocet and Wellbutrin (since at least 2-10-15). A review of progress notes (3-11-15 through 5-6-15) indicated the injured worker's mood and affect were normal and medications were helping her complete activities of daily living. The treating physician noted a positive straight leg raise test and decreased lumbar range of motion. As of the PR2 dated 7-29-15, the injured worker reports low back pain with radiculopathy. She reported continued pain relief from Percocet and Wellbutrin helps with depression. The treating physician requested Wellbutrin SR 150mg #30 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Wellbutrin SR 150mg #30 with 1 refill DOS: 7-29-2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 15-16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, wellbutrin.

**Decision rationale:** The ACOEM and California MTUS do not specifically address the requested medication. The physician desk reference states the requested medication is indicated in the treatment of depression. The patient does have a diagnosis of depression documented in the clinical records. Therefore, the request is certified. Therefore, the requested treatment is medically necessary.