

<b>Case Number:</b>	CM15-0190646		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/08/2000
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: 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 injured worker is a 61 year old male who sustained an industrial injury on 12-8-00. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago, lumbar thoracic radiculitis and lumbar disc degeneration. Medical records dated 7-23-15 indicate pain rated at 6 to 8 out of 10. Provider documentation dated 7-23-15 noted the work status as permanently disabled. Treatment has included Wellbutrin since at least March of 2012, Ibuprofen since at least March of 2012, Valium since at least March of 2012, Norco since at least March of 2012, and Ketorolac since at least March of 2012. Objective findings dated 7-23-15 were notable for "he presented with hip pain. It is located bilaterally." The original utilization review (9-18-15) partially approved a request for Wellbutrin XL 150 milligrams quantity of 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

**Decision rationale:** The MTUS Guidelines recommend the use of Wellbutrin as an option after other agents. 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. In this case, there is no recent objective evidence of neuropathic back pain and there is no evidence that the injured worker has failed with other tricyclics or SNRIs. Therefore, the request for Wellbutrin XL 150mg #30 is determined to be not medically necessary.