

<b>Case Number:</b>	CM15-0216501		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	10/29/1995
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 66 year old female, who sustained an industrial injury on October 29, 1995. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having spasm of muscle, myalgia and myositis, headache, lumbar lumbosacral disc degeneration and cervical disc degeneration. Treatment to date has included injections, physical therapy and medication. On June 29, 2015, the injured worker complained of mid back pain rated a 6 on a 1-10 pain scale, neck pain rated a 10 and leg pain rated a 9 on the pain scale. She reported sleeping 5 hours per night. Her quality of life index was 46 out of 100 which was noted to be poor. On the day of the exam, her medication regimen included Voltaren gel, Ultram ER, gabapentin, Mucinex, methocarbamol, ranitidine, butalbital, bupropion XL, Abilify, allergy medicine, vitamins and CoQ10. On September 21, 2015, the injured worker complained of neck pain rated a 10 on a 1-10 pain scale and mid back pain rated an 8 on the pain scale. Her sleep was noted to be 7 hours per night. Her quality of life index was 64 out of a potential 100. On the day of exam, current medications included Voltaren, Ultram ER, gabapentin, Mucinex, ranitidine, levothyroxine, butalbital, bupropion XL, allergy medicine, vitamins and CoQ10. A request was made for Bupropion HCL XL. On October 14, 2015, utilization review denied a request for Bupropion HCL XL #60 with three refills.

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

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

**Bupropion HCL Tab 150 MG XL (30 Day Supply) Qty 60 with 3 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**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, despite the long-term use of this medication, there is a lack of documented pain relief or objective functional improvement. The request for Bupropion HCL tab 150 MG XL (30-day supply) Qty 60 with 3 refills is not medically necessary.