

<b>Case Number:</b>	CM15-0053444		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37 year old male who sustained a work related injury on October 5, 2001. He was diagnosed with lumbar disc disease and depression. He underwent a lumbar discectomy in 2002, lumbar fusion in 2008, and a revision lumbar surgery in 2011. Treatment included pain medications, muscle relaxants, antidepressants and psychotherapy. Currently, the injured worker complained of recurrent depression. The treatment plan that was requested for authorization included a prescription for Wellbutrin XL with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150mg tablets, Qty: 90 with 2 refills for lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

**Decision rationale:** According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in

chronic neck and back pain. Based on the above, the prescription of Wellbutrin XL 150MG # 90, with 2 refills is not medically necessary.