

<b>Case Number:</b>	CM15-0057799		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 63 year old male who sustained a work related injury on September 23, 2009. He was diagnosed with cervicgia with radiculopathy, lumbar herniated disc with radiculopathy, spondylosis of the lumbar spine and chronic lower back pain. Treatment included anti-inflammatory drugs, pain patches, trigger point injections and home exercises. Currently the injured worker complained of neck and low back pain radiating into the left shoulder and left lower extremity, knee pain and morning stiffness. The treatment plan that was requested for authorization included prescriptions for Bupropion HCL with two refills and Duloxetine 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 ER (XL) 150mg #30 with 2 refills:** Upheld

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

**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 no documentation of pain and functional improvement with previous use of Wellbutrin. Based on the above, the prescription of Bupropion HCL ER (XL) 150mg #30 with 2 refills is not medically necessary.

**Duloxetine 60mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), Duloxetine (Cymbalta) Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15-16.

**Decision rationale:** Duloxetine is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for back pain. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Duloxetine in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of Duloxetine 60mg #30, with 3 refills is not medically necessary.