

<b>Case Number:</b>	CM14-0145652		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Tennessee, California and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old male who reported an injury to his low back on 7/14/2003. The injured worker had significant past surgical history involving TLIF and PSIF at L4 through S1 in 11/12. A clinical note dated 07/22/14 indicated the injured worker being prescribed the use of Wellbutrin and Dilaudid to address ongoing low back complaints. Utilization review dated 08/22/14 resulted in denial for both Wellbutrin and Dilaudid as insufficient information had been submitted confirming the appropriateness of these medications. No information was submitted regarding major depressive disorder indicating the appropriateness of Wellbutrin or appropriate positive response to continued use of Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin SR 150mg, QTY: 90, with 5 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Bupropion (Wellbutrin®)

**Decision rationale:** The request for Wellbutrin is not medically necessary. Wellbutrin is indicated for injured workers with ongoing neuropathic complain pain complaints or complaints of low back pain with diagnosis of depression. No information was submitted regarding depressive disorder. Given this, the request is not indicated as medically necessary.

**Dilaudid 4mg, QTY: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.