

<b>Case Number:</b>	CM14-0218869		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 41 year old male, who sustained an industrial injury on 1/18/10. He has reported low back pain. The diagnoses have included low back pain, multi level disc protrusions, right L4 neuritis and status post lumbar spine surgery. Treatment to date has included diagnostic studies, electrodiagnostic studies and oral medications. As of the PR2 on 11/18/14, the treating physician noted that the injured worker was being referred for a repeat spinal surgery. There is no indication that the injured worker is depressed or anxious. The treating physician is requesting a prescription for Wellbutrin 150mg #30 for depression. On 12/9/14 Utilization Review non-certified a prescription for Wellbutrin 150mg #30, The UR physician cited the MTUS guidelines for chronic pain and medical necessity. On 12/30/14, the injured worker submitted an application for IMR for review of Wellbutrin 150mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 67-71.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on antidepressants and pain, specifically Wellbutrin, states; Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that 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. (Dworkin, 2007) The requested medication is not a first line choice in the treatment of neuropathic pain. Though the patient does have evidence of neuropathic pain, the documentation fails to show failure of more effective and first line agents in the treatment of such pain. Therefore the request is not certified.