

<b>Case Number:</b>	CM15-0017831		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/20/2000
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Arizona, California

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 56 year old male, who sustained an industrial injury on December 20, 2000. The diagnoses have included lumbar failed back syndrome, lumbar degenerative disc disease, spinal stenosis lumbar region with neurogenic claudication, and status post fusion around 2002. Treatment to date has included MRI, urine drug testing, and multiple medications including short-acting and long-acting, pain, muscle relaxant, antidepressant, antiemetic, oral and topical non-steroidal anti-inflammatory, and proton pump inhibitor medications. On January 16, 2015, the treating physician noted chronic lower back pain with radiation into the bilateral legs. The physical exam revealed an antalgic gait, a lumbar scar, tenderness in the bilateral paravertebral regions at lumbar 3-lumbar 4, lumbar 4-lumbar 5, and lumbar 5-sacral 1 levels; positive pain with range of motion, and restricted range of motion. The bilateral straight leg raises were positive, sensation was decreased in the left lumbar 5 and sacral distribution, and the left knee extension was mildly decreased. The treatment plan included antidepressant medication, and antiemetic medication. The provider noted the injured worker gets gastrointestinal disruptions and reflux esophagitis from his medications, which is why the antiemetic and proton pump inhibitor medications are required. On January 30, 2015, the injured worker submitted an application for IMR for review of a prescription for Wellbutrin XL 150mg, #84 and a prescription Phenergan 25mg, #120. The Wellbutrin XL was non-certified based on lack of evidence of patient failure to respond to a tricyclic or serotonin-norepinephrine reuptake inhibitors for his ongoing symptoms. The Phenergan was non-certified based on lack of evidence of the patient suffering from motion sickness, nausea, vomiting, and dizziness. In

addition, the guidelines do not recommend this medication for the treatment of nausea due to opioid use. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

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

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

**One prescription of Wellbutrin XL 150 mg # 84: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Wellbutrin

**Decision rationale:** According to the guidelines, Wellbutrin is 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. According to the ODG guidelines, Wellbutrin is recommended as a first-line treatment option for major depressive disorder. In this case, the claimant was not diagnosed with MDD. The claimant's pain was attributed to pain. In addition, there is no indication for 2nd line treatment. The recent clinical notes did not comment on depression quality and medication response. The Wellbutrin is not medically necessary.

**One prescription Phenergen 25 mg # 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wellbutrin

**Decision rationale:** The Phenergan was used due to nausea from Wellbutrin use. Since the Wellbutrin is not indicated as noted in the prior medication review, the Phenergan would not be required and is not medically necessary.