

<b>Case Number:</b>	CM15-0171875		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/29/1994
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 57-year-old female, with a reported date of injury of 03-29-1994. The diagnoses include chronic neck and low back pain with myofascial pain syndrome, history of migraine headaches, left shoulder glenoid labrum tear, and history of depression. Treatments and evaluation to date have included physical therapy. The diagnostic studies to date were not included in the medical records. The progress report dated 04-14-2015 indicates that the injured worker had been going to physical therapy; however, she had not been going a lot. It was noted that the injured worker had popping in the right shoulder. The objective findings included tenderness over the cervical paraspinal muscles, the trapezius, and the lower lumbar paraspinals; cervical rotation to the right at 45 degrees; cervical flexion at 30 degrees with pain; tenderness to palpation over the subacromial regions with clicking bilaterally, right worse than left; flexion of the shoulders at 120 degrees bilaterally with pain; grip strength was 45 pounds on the right; and grip strength was 30 pounds on the left. There was documentation that the injured worker was improving in her neck and back, and she felt that the physical therapy helped a lot. The injured worker had been instructed to return to full duty on 04-14-2015 with no limitation or restrictions. The treating physician requested bupropion XL 300 mg #30. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion XL 300mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation ODG Pain (Chronic), Bupropion (Wellbutrin) ODG Mental Illness & Stress, Bupropion (Wellbutrin).

**Decision rationale:** Per the cited CA MTUS guidelines, antidepressants are recommended as a first-line treatment for chronic pain, and in particular for neuropathic pain. They are also recommended as an option in depressed patients for non-neuropathic pain. Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), such as bupropion XL, have been shown to be effective in relieving neuropathic pain of different etiologies, but there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Per the ODG, bupropion is recommended as a first-line treatment option for major depressive disorder. Based on the limited treating provider notes, the injured worker appears to have chronic pain, which involves multiple areas to include the neck and low back. However, there is no clear radicular pathology, and although the injured worker has a diagnosis of depression, there was no documentation concerning current evaluation and treatment efficacy. Therefore, based on the cited guidelines and available medical records, the request for bupropion XL 300 mg #30 is not medically necessary and appropriate.