

<b>Case Number:</b>	CM15-0090393		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 37 year old male, who sustained an industrial injury on 10/05/2001. Diagnoses include status post revision lumbar surgery (3/23/2011) for pseudo arthrosis at L4-5, prior 2 level lumbar fusion L4-5 and L5-S1 (11/2008) and prior discectomy (8/2002 and 10/2002), sexual dysfunction and depression and anxiety due to chronic pain. Treatment to date has included diagnostics, surgical intervention, work restrictions and medications including OxyContin, Wellbutrin, and Clonazepam. Per the Primary Treating Physician's Progress Report dated 1/27/2015, the injured worker reported ongoing back pain. He has not been able to see a psychiatrist. Physical examination revealed restricted range of motion of the lumbar spine and positive straight leg raise on the right with increased low back pain that radiates to the right buttock. The plan of care included medications and authorization was requested for Wellbutrin XL 150mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 150mg #90 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

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

**Decision rationale:** The MTUS addresses the use of bupropion in chronic pain listing it as a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. In this case, the patient has been taking Wellbutrin and it appears he is pending a psychiatric evaluation for management of medications. While Utilization Reviews states that there is no component of document depression, it appears that there is a component of possible depression in this case secondary to chronic pain, and therefore with pending evaluation by psychiatry, continued use of the medication appears reasonable and therefore the request is medically necessary.