

<b>Case Number:</b>	CM13-0045129		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old male, who sustained an industrial injury on November 30, 2004. Treatment to date has included lumbar epidural steroid injection, lumbar fusion, opioid pain medications, diagnostic imaging, anti-depressants and psychological treatment. An evaluation on October 2, 2013 revealed the injured worker received 60% pain relief from a lumbar epidural steroid injection and had reduced his use of MS Contin by 30-40%. He reported being more active and improved sleeping. He was found to be alert, cooperative and in distress. He had good eye contact, conversed well and did not appear overly medicated. His medication regimen included MS Contin, OxyContin, Norco, Valium, Wellbutrin, and FexMid. His diagnoses included status post lumbar fusion, right lower extremity radiculopathy, reactionary depression and anxiety, erectile dysfunction and medication-induced gastritis. His treatment plan included continued treatment with clinical psychologist, continued Wellbutrin, Norco, and FexMid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WELLBUTRIN (BUPROPION) 100 MG #60:** Overturned

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

Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm). [drugs.com](http://drugs.com), Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com), Monthly Prescribing Reference, [www.empr.com](http://www.empr.com), Opioid Dos Calculator-AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov), ACOEM-[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders, and Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006. Physician's Desk Reference, 65th ed. www.RxList.com..](https://www.acoempracguides.org/Low%20Back;Table%202,%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders,%20and%20Goodman%20and%20Gillman's%20The%20Pharmacological%20Basis%20of%20Therapeutics,%2011th%20ed.%20McGraw%20Hill,%202006.%20Physician's%20Desk%20Reference,%2065th%20ed.%20www.RxList.com..)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The patient presents with pain affecting the lumbar spine and depression. The current request is for Wellbutrin (bupropion) 100mg #60. The treating physician states in the report dated 10/2/13, that the patient's medications were filled as noted. He was dispensed in the office Wellbutrin 100mg #60 (15B). The MTUS Guidelines state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." In this case, the treating physician has documented that the patient has depression due to their work related injury and that this medication has improved the patient's well-being. The current request is medically necessary.