

<b>Case Number:</b>	CM14-0144158		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/22/1996
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old male with an injury date of 07/22/96. Based on 07/07/14 progress report, the patient complains of low back pain, bilateral knee pain and anxiety. Patient experiences depression associated with chronic pain and lack of work capacity, but under good control with medications in place. Pain is rated 3/10 with medications. Physical examination shows moderate paralumbar myospasm. Per progress report dated 02/12/14, patient is recovering from knee surgery, dated unspecified. Patient is weaning Wellbutrin. Diagnosis 02/12/14- degenerative joint disease knee- anterior cruciate ligament tear Diagnosis 07/07/14- degeneration of lumbar or lumbosacral intervertebral disc- sprain/strain of cruciate ligament of knee- primary localized osteoarthritis, lower leg- anxiety and depression Provider is requesting Wellbutrin 300mg, 22 count. The utilization review determination being challenged is dated 08/19/14. The rationale is "Antidepressants are not recommended formild to moderate symptoms, since they appear to have no benefit over placebo. Continuation of this medication did not appear to be necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin 300 mg, 22 count:** 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), Mental Illness & Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** Patient presents with low back pain, bilateral knee pain and anxiety. The request is for Wellbutrin 300mg, 22 counts. Per treater report dated 07/07/14, patient experiences depression associated with chronic pain and lack of work capacity, but under good control with medications in place. MTUS on Antidepressants (pages 13-15) (SNRIs): Bupropion (Wellbutrin), has shown some efficacy in neuropathic pain. There is no evidence of efficacy in patients with non-neuropathic chronic low back pain." In this patient, medication is being used for the patient's anxiety for which it is indicated. The treater documents benefit from the use of this medication and the request. The on-going use of Wellbutrin appears reasonable. The request is medically necessary.