

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	10/12/1998
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003466

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Wellbutrin XL tabs 24 HR 300 mg. #30 with 3 refills** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Wellbutrin XL tabs 24 HR 300 mg. #30 with 3 refills is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a 58-year old patient who reported a work related injury on 10/12/1998 with mechanism of injury unknown. A psychiatric evaluation was done on 06/08/2009 which stated that the patient was on various antidepressant medicines along with antianxiety medicines in the past, and was just on Wellbutrin and Lunesta to date. The office visit note on 02/21/2013 reported persistent complaints of low back and neck pain and the patient on Celebrex 200mg twice a day. The 04/01/2013 provider note states the patient is on Wellbutrin for depression, Ibuprofen, Valium, and Lunesta. The patient's affect was appropriate, less depressed, appropriately groomed, and no evidence of gross agitation or psychomotor retardation. The provider note on 07/08/2013 has the medications as Celebrex and switching to Restoril from Lunesta. The patient's mood was somewhat anxious.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for Wellbutrin XL tabs 24 HR 300 mg. #30 with 3 refills :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 15) pages 398-404, which is part of the MTUS.

Rationale for the Decision:

The California MTUS Guidelines state brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. The medical records provided for review indicated that while the employee was noted to be taking Wellbutrin XL for depression, there was not a recent evaluation of the employee's depression detailing the efficacy of the Wellbutrin XL to support continuation.

**The request for Wellbutrin XL tabs 24 HR 300 mg. #30 with 3 refills is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/jr

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.