

Case Number:	CM13-0004276		
Date Assigned:	12/18/2013	Date of Injury:	11/01/2009
Decision Date:	06/24/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Psychiatry 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:

This 63 year old male with date of injury 11/1/2009. Date of Utilization Review (UR) decision was 7/22/2013. Mechanism of injury was running from a thief while at work and sustaining a fall in the process which caused right ankle injury. He underwent physical therapy, chiropractic treatment, medication treatment for the chronic pain. Per report from 07/15/2013, the Injured Worker's (IW) subjective complaints are sleep difficulties, irritable, frustrated, sad and nervous; objective findings include sad, nervous, apprehensive, body tension. Diagnosis given to the IW are Major Depressive disorder, single episode; Post Traumatic Stress Disorder; Male hypoactive sexual desire disorder and Insomnia. The IW has been on zoloft and trazodone for the psychological symptoms. Prescription dated 3/23/2013 lists wellbutrin XL 150 mg #30. The progress reports by the treating Psychiatrist dated 6/15/2013 is barely legible, but it suggests that IW has been on the wellbutrin and has no side effects. Mood is described as "the same-very frustrated". The plan includes continuation of wellbutrin for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF WELLBUTRIN XL 150MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness; Bupropion (Wellbutrin®) , Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: MTUS talks about use of Bupropion in chronic neuropathic pain but is silent regarding its use in depression. ODG states "Bupropion (Wellbutrin®) is Recommended as a first-line treatment option for major depressive disorder. It also states "Antidepressants for treatment of MDD (major depressive disorder): Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach" The submitted documentation reveals the diagnosis of Major Depressive Disorder, single episode which is secondary to the industrial injury. Per report from 07/15/2013, the IW's subjective complaints are "sleep difficulties, irritable, frustrated, sad and nervous"; objective findings include "sad, nervous, apprehensive, body tension." The Injured Worker (IW) continues to experience depressive symptoms. The request for Wellbutrin XL 150 mg #30 is medically necessary.