

<b>Case Number:</b>	CM14-0047656		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 58-year-old with a date of injury of 05/07/08. A progress report associated with the request for services, dated 01/06/14, identified subjective complaints of depression. Wellbutrin was noted to be helping slightly. Objective findings included depressed and flattened affect. Diagnoses included an unspecified depressive disorder and sleep disorder. A Utilization Review determination was rendered on 03/24/14 recommending non-certification of Wellbutrin XL 300mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Antidepressants, Antidepressants for Treatment of MDD Up-To-Date: Unipolar minor depression in adults: Management and Treatment.

**Decision rationale:** Wellbutrin (bupropion) is a serotonin-norepinephrine reuptake inhibitors (SNRI) class antidepressant. The California Medical Treatment Utilization Schedule (MTUS)

does not address depression. The Official Disability Guidelines (ODG) state that cognitive and behavioral therapy are recommended and are standard treatment for mild presentation of major depressive disorders. They may be used in combination with antidepressant medications or alone. The Guidelines further note that antidepressants are recommended, although generally not as stand-alone treatment. They are recommended for initial treatment of major depressive disorders that are moderate, severe, or psychotic. They state that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Authoritative sources such as Up-To-Date state that treatment of minor depression with antidepressant medication monotherapy is generally not recommended. There appears to be no absolute advantage of the reuptake inhibitors versus tricyclic antidepressants. In this case, the diagnosis in the record implies that the patient has minor depression and there is no documentation of major depression. Therefore, there is no documentation for the medical necessity of Wellbutrin monotherapy in this case.