

<b>Case Number:</b>	CM15-0163990		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a 43 year old male with a January 20, 2011 date of injury. A progress note dated July 16, 2015 documents subjective complaints (improvement in mood, feels "more calm"; worsened sleep without pain medications; increased energy during the day; depressed mood; loss of libido; impaired memory; worthlessness and poor self-esteem; frequent anger; hopelessness; anxiety), objective findings (cooperative and friendly; fair historian; fair eye contact; normal speech rate, volume, articulation and quality; normal motor activity; sad mood; full affect range and motility; appropriate affect quality; logical and goal directed thought process; fair attention and concentration; forgetful; fair insight and judgment), and current diagnoses (major depressive disorder, single episode, partial remission; alcohol use disorder, early full remission; cocaine use disorder, early full remission; headaches, nerve damage, hypertension). Treatments to date have included medications and psychotherapy. The medical record indicates that the injured worker's depressive symptoms have improved slightly. The treating physician documented a plan of care that included two refills of Wellbutrin 300mg (150mg #60).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 300mg (150mg #60) with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Major Depression - Antidepressants.

**Decision rationale:** MTUS Guidelines address this medication in relation to its use of neuropathic pain. However, that is not the intended use in these circumstances. It is being utilized for depression in this individual and Wellbutrin is a commonly utilized medication for depression, particularly when the depression is accompanied by anxiety. There is reasonable documentation that the Wellbutrin is beneficial for these purposes and its use is supported in ODG Guidelines. Under these circumstances, the Wellbutrin XL 300mg (150mg #60) with 2 refills is supported by Guidelines and is medically necessary.