

Case Number:	CM15-0189806		
Date Assigned:	10/01/2015	Date of Injury:	08/12/2003
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/26/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 47 year old male with a date of injury of August 12, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent major depressive disorder. Medical records dated March 10, 2015 indicate that the injured worker complained of increased sedation due to Seroquel, excessive sleeping, and lacking energy and concentration. Records also indicate that the injured worker has no feelings of hopelessness or helplessness, and that he has been compliant with medications. A progress note dated August 10, 2015 documented that the injured worker had not been compliant with medications, was feeling depressed, on edge, and angry, and had feelings of hopelessness and helplessness. The record also indicates that the injured worker had decreased energy, fair concentration, and a good appetite. Therapy notes (April 30, 2015 through June 30, 2015) note clear and focused thought content, normal volume and rate of speech, and affect congruent to mood. Treatment has included cognitive behavioral therapy and medications (History of Seroquel, Vubryd, and Xanax; Wellbutrin XL 150mg and Lamictal 25mg noted to be continued on August 10, 2015). The original utilization review (August 27, 2015) non-certified a request for Welbutrin XL 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Stress-Related Conditions chapter, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) pages 1062-1067; Official Disability Guidelines (ODG), Mental Illness & Stress Chapter (updated 03/25/15).

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

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations, The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with major depressive disorder, recurrent. The most recent Psychiatrist progress note dated 8/10/2015 documented that the injured worker had not been compliant with medications and was feeling depressed, on edge, and angry, and had feelings of hopelessness and helplessness, decreased energy, fair concentration, and a good appetite. There is no evidence that medical stability has been achieved with the ongoing treatment with Wellbutrin. Also, the injured worker has been compliant with the medication. The request for Welbutrin XL 150 mg # 30 is not medically necessary based on this information.