

<b>Case Number:</b>	CM13-0063703		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/10/1992
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine 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 physician 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:

58 yr. old male claimant sustained a work injury on 6/10/92 due to a slip and fall. His injury resulted in multiple joint and spine injuries. He has received epidural spinal injections and analgesics for back pain. A psychiatric evaluation on 10/12/96 , 6/9/11, 9/12/13 noted Major depressive disorder coupled with the injuries . The disorder has been treated with behavioral therapy, biofeedback and medications including Wellbutrin. He persisted to have depression and impacted self esteem over the years following the injury which also resulted in decreased sleep. A treatment report on 1/1/13 noted variable depression and Wellbutrin, Viagra and Klonopin were prescribed. These medications have been continued for several months. He has been evaluated monthly by a primary care physician and has been continued on anti-depressant and benzodiazepines for his symptoms. Weekly psychotherapists visits were ordered in Sept 2013. In addition, Ambien had been prescribed for sleeping difficulties for several months as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 300mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), Stress Related Conditions, Chapter 15, page(s) 388.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), Stress Related Conditions, Chapter 15, page(s) 388.

**Decision rationale:** According to the ACOEM guidelines, antidepressants such as Wellbutrin are considered 1st line therapy for depression. Medical evaluation is appropriate periodically by a specialist (psychiatrist). In this case, the claimant has been receiving periodic psychiatric assessments as well as psychotherapy. Its use is medically appropriate as deemed by the treating physicians

**Klonopin 1mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** Klonopin is a Benzodiazepine. Benzodiazepine which according to the Chronic Pain Medical Treatment Guidelines is not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. The claimant has been on this medication for over a year

**Viagra 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Guidelines.

**Decision rationale:** The monitoring of patients receiving continuing phosphodiesterase type 5 inhibitor therapy should include a periodic follow-up of efficacy, side effects, and any significant change in health status including medications. [Based on Panel consensus.] A patient's medical status and medication use change over time. Thus, it is important to follow-up with each patient to ascertain whether the medication is still effective and that their cardiovascular health has not changed significantly. Typically, this is done at the time of prescription renewal. In this case, there is no documentation of examination, response, or need of the medication for over a year. As a result it is not medically necessary.