

Case Number:	CM13-0066014		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2010
Decision Date:	03/28/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 Psychiatry & Neurology, has a subspecialty in Geriatric Psychiatry, Addiction Medicine and is licensed to practice in California and Texas. 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:

Records reviewed include 353 pages of administrative and medical records. The injured worker is a 56 year old female whose diagnoses are major depressive disorder, single episode severe, and insomnia related to depression and pain. Her date of injury is 07/15/2010 in which she sustained a back injury. She now suffers from ongoing pain. Past medical history is positive for cervical cancer in 2006 with a total hysterectomy, injuries to both shoulders, a closed head injury "many years ago", and high cholesterol prior to her injury. She developed psychiatric symptoms relative to her inability to work and chronic pain. She was first treated in 12/11 with Abilify and Wellbutrin (to augment Cymbalta), gabapentin, trazodone as needed, and Deplin, which she reported were beneficial. In addition to medication, the patient received transcranial magnetic stimulation and group cognitive behavioral psychotherapy. Initial psychiatric evaluation, [REDACTED], 07/16/13: The IW reported anxiety, depressed mood, late insomnia, poor concentration/attention and memory, poor appetite, feelings of guilt and worthlessness, low energy, irritability, hopelessness, chronic passive suicidal ideation without plan/intent and episodes of crying for no apparent reason. She had an attempted suicide with an overdose of Wellbutrin in 10/12. She was described as suffering from a treatment resistant major depressive disorder requiring an aggressive approach "to stop further organic destruction and to prevent the claimant from probable permanent brain damage." Testing showed severe clinical depression, high level of hopelessness, and severe clinical anxiety. She suffered from pain throughout her back and up her neck and back of the head. Medications were Abilify 5mg twice per day, Cymbalta 60mg, and Wellbutrin 150mg daily. AME report, [REDACTED], 08/10/11: report stated that the IW had no PTSD however she did have a moderately severe and persistent major depression, and that she had been treated temporarily with anxiolytic and antidepressant

medications. There was no follow through on same. At that time the claimant did not feel that Trazodone was helpful for her sleep, and was unsure if the gabapentin was helpful with pain or anxiety. Medications included Wellbutrin 150mg once per day, Abilify 5mg twice per day, and Cymbalta 50mg. Physician's progress report, [REDACTED], 11/19/13: showed that the patient reported feeling less depressed in response to the transcranial magnetic stimulation, sleep was fair, she had improved energy, better appetite, less hopelessness, slightly less anhedonia, and slightly decreased anxiety and irritability. The following symptoms continued: loss of libido, poor concentration/attention/memory, worthlessness, and guilt feelings. She felt much less suicidal ideation (without plan or intent) however it was still present. There was no homicidal ideation, or thoughts of self harm. Medications included Cymbalta 60mg at bedtime, Wellbutrin 100mg three times per day, and Trazodone 100mg at bedtime. She was now completely off of the Abilify. On 11/26/13 the case was discussed with [REDACTED], practice administrator for [REDACTED]. [REDACTED] indicated that the Cymbalta was being used for the dual purpose of its indications for major depression and neuropathic pain, for which it has proven to be effective for this IW. She indicated that as the claimant's improvement continues from the TMS, [REDACTED] will begin to taper down the Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, #30 (2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Duloxetine (Cymbalta).

Decision rationale: Per MTUS: Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta[®]) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression. Per ODG: Recommended. Duloxetine (Cymbalta), an inhibitor of serotonin and norepinephrine reuptake, has been approved for the treatment of major depressive disorder. Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. The last UR of 11/27/13 requested that additional documentation be submitted with medication compliance guidelines including ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication usage. Otherwise this timeframe should be used to initiate downward titration and complete discontinuation of medication on subsequent review, due to medication guideline non-compliance. There has been no additional documentation submitted beyond 11/27/13, as such this request is non-certified.

Wellbutrin 100mg, #90 (2 refills): Upheld

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

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.

Decision rationale: MTUS references Wellbutrin as it applies to neuropathic pain. In this case it is being used as an antidepressant, as such ODG will be used. Per ODG: Recommended as a first-line treatment option for major depressive disorder. . FDA has concluded that the generic drug Budeprion XL (bupropion hydrochloride) cannot be considered therapeutically equivalent to the brand-name product Wellbutrin®. (Woodcock, 2012). The last UR of 11/27/13 requested that additional documentation be submitted with medication compliance guidelines including ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication usage. Otherwise this timeframe should be used to initiate downward titration and complete discontinuation of medication on subsequent review, due to medication guideline non-compliance. There has been no additional documentation submitted beyond 11/27/13, as such this request is non-certified

Trazodone 100mg, #60 (2 refills): Upheld

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

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, Trazodone (Desyrel).

Decision rationale: MTUS/ACOEM do not reference Trazodone, therefore ODG was utilized in this decision. Per ODG: recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It may be an option in patients with coexisting depression. Evidence for the off label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. In the last UR of 11/27/13 documentation was requested to show ongoing efficacy and medical necessity as well as failed trials of Y class drugs in this class, and documentation indicating that this medication is more beneficial to the claimant than a Y drug on the ODG formulary. Otherwise this timeframe should be used to initiate downward titration and complete discontinuation of medication on subsequent review, due to medication guideline non-compliance. There has been no additional documentation submitted beyond 11/27/13, as such this request is non-certified.

Follow-up evaluation with a psychiatrist (major depressive disorder, insomnia): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits

Decision rationale: This IW suffers from ongoing symptoms of major depressive disorder. She continues to require monitoring of her medications for efficacy in order to achieve optimum functional benefit via a vis change in dosage or medication, etc. In addition, side effects and drug: drug interactions must be continually monitored. This request is therefore certified. ACOEM states that follow up visits may be determined by the severity of symptoms. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Per ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment.