

Case Number:	CM13-0071252		
Date Assigned:	01/17/2014	Date of Injury:	05/03/2003
Decision Date:	04/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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, and is licensed to practice in New York. 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:

he claimant is a 74-year-old man with date of injury of 5/3/2003 with resultant chronic pain and depression. A summary from 2006 states that the patient felt relief from psychotherapy and antidepressant medication. His psychiatrist's note of 12/11/2013 details his maintenance medication which he has been on for over a year now to be Wellbutrin XL 450mg qd, Neurontin 600mg (two tabs) qhs, Abilify 5mg qd and Omeprazole 20mg qd with the plan being to continue as is. At that visit, the patient is noted that he felt somewhat depressed in relation to it having been around the holidays and his being lonely. His mood was sad and affect constricted. He is diagnosed with Major Depressive Disorder. The patient also has dyspepsia and GERD for which he is being treated with Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF WELLBUTRIN XL 300 MG, #30 WITH 3 REFILLS BETWEEN 12/11/2013 AND 4/15/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Mental Illness & Stress; Antidepressants for treatment of MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 16,27. Decision based on Non-MTUS Citation American

Psychiatric Association Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, pg. 35.

Decision rationale: The MTUS guidelines indicate that Wellbutrin has "shown some efficacy in neuropathic pain; there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." The APA Guideline endorses the use of Wellbutrin for the treatment of Major Depressive Disorder, which is what the medication is being used for here. The risks of suddenly stopping the medication are significant. Therefore continued Wellbutrin at the same dose and frequency of 300 mg #30 with 3 refills (which the employee has been taking with some benefit) is indicated for the depressive symptoms and is medically necessary.

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF WELLBUTRIN XL 150 MG, #30 WITH 3 REFILLS BETWEEN 12/11/2013 AND 4/14/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Mental Illness & Stress; Antidepressants for treatment of MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 16, 27. Decision based on Non-MTUS Citation American Psychiatric Association Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, pg. 35.

Decision rationale: The MTUS guidelines indicate that Wellbutrin has "shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." The APA Guideline endorses the use of Wellbutrin for the treatment of Major Depressive Disorder, which is what the medication is being used for here. The risks of suddenly stopping the medication are significant. Therefore continued Wellbutrin at the same dose and frequency of 150 mg, #30 with 3 refills (which the employee has been taking with some benefit) is indicated for the depressive symptoms and is medically necessary.

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF ABILIFY 5 MG, #30 WITH 3 REFILLS BETWEEN 12/11/2013 AND 4/15/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Mental Illness & Stress; Atypical antipsychotics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 386, 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Antipsychotics, Aripiprazole (Abilify).

Decision rationale: Abilify is an antipsychotic. The ACOEM guidelines indicate that "Continuing an established course of antipsychotics is important, but they can decrease motivation and effectiveness at work" but also that "antipsychotic medication may be prescribed for major depression." The ODG Guidelines indicate that antipsychotics are "not recommended

as first-line treatment." But augmentation antipsychotics are used frequently in clinical practice for treatment of conditions on both the mood and anxiety spectra. Given that the guidelines recommend that continuing an already initiated course is important and its stating that antipsychotics could be used for depression as well as the fact that this employee has depression which is responding to the Abilify, its continued use is indicated and Abilify 5 mg, #30 with 3 refills is thus medically necessary.

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF OMEPRAZOLE 20 MG, #30 WITH 3 REFILLS BETWEEN 12/11/2013 AND 4/15/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for the diagnosis and management of gastroesophageal reflux disease, The American Journal of Gastroenterology, 2013 Mar; 108(3): 308-328.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: In the MTUS guidelines, proton pump inhibitors (PPIs) (omeprazole being an example of one) are recommended for patients at risk for gastrointestinal events. This employee has known gastrointestinal illness of dyspepsia and GERD, which have been treated with maintenance omeprazole. Taking the recommendations into account and given the employee's history of dyspepsia and GERD, continuation of treatment as requested with Omeprazole 20 mg, #30 with 3 refills is medically necessary and should be certified.

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF GRALISE 600 MG, #60 WITH 3 REFILLS BETWEEN 12/11/2013 AND 4/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 16-19.

Decision rationale: The MTUS guidelines endorse the use of Neurontin (Gralise) for neuropathic pain. This employee has chronic neuropathic pain which is being helped by Neurontin (as evidenced by return of symptoms when it was reduced/discontinued). Therefore continued Neurontin at the same dose and frequency of 600 mg, #60 with 3 refills is indicated and medically necessary.