MAXIMUS Federal Services

Case Number:	CM13-0071418		
Date Assigned:	01/08/2014	Date of Injury:	02/26/2005
Decision Date:	06/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/27/2013

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. The expert reviewer is Board Certified in Psychiatry 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 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/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:

The patient is an employee of the [redacted]. and has submitted a claim for psychiatric complaints secondary to chronic pain associated with an industrial injury date of February 26, 2005. Treatment to date has included left sided laminectomy and medial facetectomy at L4-L5 (February 23, 2006), anterior interbody fusion at L4-L5 (June 20, 2007), left subacromial injection (August 2007), bilateral medial branch blocks at L4 (February 2012), bilateral decompression laminotomy, medial facetectomy and foraminotomies L4-5 (June 1, 2012), acupuncture, physical therapy; and medications which include Wellbutrin XL, Pristiq, Klonopin, Cymbalta, Lunesta, hydrocodone, carisoprodol, Ambien, morphine, ibuprofen, Lyrica, Lexapro, Ativan, Vicodin, Levistra, MS Contin, Butrans, Voltaren, and Ultram. Medical records from 2006-2013 were reviewed the latest of which dated December 20, 2013 which revealed that the patient complains of low back pain and pain at the bilateral legs and toes. On examination of the lumbar spine, range of motion was limited in both flexion and extension with tenderness in the lumbosacral area, sacroiliac joint and piriformis muscle. There is noted spasm in the quadratus lumborum muscle. On the progress report dated November 14, 2013, the patient rated his depression an 8 and complained of no motivation. He was still able to walk 2 times a day, but was disappointed about recently failing GED test. He was taking Wellbutrin XL 450mg, Pristiq 200mg, Klonopin 0.5mg and Lunesta 2mg for sleep which was effective. On physical examination, the pain had a mood dealing with more pain, appropriate affect to mood, moderately depressed, but denies homicidal or suicidal ideation. On a physician's letter, dated November 24, 2013, the medications allowed the patient to function by having motivation to conduct activities of daily living, decrease depression and anxiety and improved sleep. Without medications, he was unable to get out of the house to function properly in the community. The medications have continued to provide relief of symptoms for the past 6-12months. The patient

was temporary total disability from psychiatric point of view and has remained off work indefinitely. Utilization review from December 13, 2013 modified the request for Wellbutrin XL 450mg to one prescription for Wellbutrin xl 450mg #30 between 11/14/2013 and 1/21/2014, modified the request of one prescription for Klonopin 0.5mg to one prescription for Klonopin 0.5mg #77 between 11/14/2013 and 1/21/2014, modified the request of one prescription for Lunesta 2mg to one prescription for Lunesta 2mg #30 between 11/14/2013 and 1/21/2014, and modified the request of one prescription of Cymbalta 30mg to one prescription of Cymbalta 30mg #50 between 11/14/2013 and 1/21/2014; all of which were modified because the amount to be dispensed were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

WELLBUTRIN XL 450MG: 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), Mental Illness and Stress, Antidepressants for Major Depressive Disorder (MDD).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness And Stress, Antidepressants for Major Depressive Disorder (MDD).

Decision rationale: CA MTUS does not address the topic on Bupropion as an antidepressant. Official Disability Guidelines state that bupropion is recommended as a first-line treatment option for major depressive disorder. Antidepressants like bupropion are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. It is not recommended for mild symptoms. In this case, Wellbutrin XL was prescribed since January 2007 for his depression and anxiety. The patient has been taking Wellbutrin XL regularly since July 2012. In the recent clinical evaluation, the patient states that the medication allows him to perform activities of daily living and walk twice a day. However, the amount to be dispensed was not specified, therefore, the request for Wellbutrin XL 450MG is not medically necessary.

ONE PRESCRIPTION FOR KLONOPIN 0.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines range of action includes sedative/hypnotic, anxiolytic,

anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, Klonopin, a benzodiazepine, was prescribed since October 2007 for his anxiety. The patient has been taking Klonopin regularly since July 2012. In the recent clinical evaluation, the patient states that the medication allowed him to perform activities of daily living and walk twice a day. However, the timeframe of use is not within the recommendations. Also, the amount to be dispensed was not specified, therefore, the request for one prescription for Klonopin 0.5MG is not medically necessary.

ONE PRESCRIPTION FOR LUNESTA 2MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lunesta.

Decision rationale: CA MTUS does not specifically address Eszopiclone (Lunesta). Official Disability Guidelines state that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, Lunesta was prescribed since October 2008 for his insomnia. The patient has been taking Lunesta regularly since July 2012. In the recent clinical evaluation, the patient claims that Lunesta has helped his sleep disturbances and appeared to be stable with the medication. However, the amount to be dispensed was not specified, therefore, the request for one prescription for Lunesta 2MG is not medically necessary.

ONE PRESCRIPTION OF CYMBALTA 30MG: 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): 15-16.

Decision rationale: As stated on pages 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (CymbaltaÂ®) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. In this case, Cymbalta was prescribed since August 2007 for his depression. The patient has been taking Cymbalta regularly since July 2012. In the recent clinical evaluation, the patient states that the medication allowed him to perform activities of daily living and walk twice a day. However, the amount to be dispensed was not specified, therefore, the request for one prescription of Cymbalta 30MG is not medically necessary.