

Case Number:	CM14-0001744		
Date Assigned:	06/11/2014	Date of Injury:	06/02/2005
Decision Date:	08/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/06/2014

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 injured worker is a 67-year-old male with date of injury 6/2/2005. Date of UR decision was 1/3/2014. He suffers from chronic back pain, Spondylolisthesis secondary to industrial trauma status-post (s/p) L5-S1 fusion in 2007. Psychiatric progress report dated 1/3/2014 suggested that injured worker is taking several pain medications including Norco, Methadone, Lyrica and Opana without which there was an increase in anxiety, pain, headaches and difficulty sleeping. Psychiatric review of systems was positive for anxiety, behavioral agitation, racing thoughts. It was indicated that Abilify 10 mg, Neurontin 600 mg three times daily, Clonazepam 1 mg three times daily, Wellbutrin SR 200 mg twice daily, Cymbalta 90 mg total daily (60 mg prescribed by treating physician and rest 30 mg prescribed by another physician) and Lyrica 150 mg three times daily were being prescribed by the treating physician. Psychiatric progress report dated 10/3/2013 suggests that the injured worker's anxiety is improved. Diagnosis of Major Depressive Disorder, Generalized Anxiety Disorder and Sleep disorder. Medications being prescribed per that report were Abilify 10 mg daily, Neurontin 600mg three times daily, Clonazepam 1 mg three times daily, Wellbutrin SR 200 mg twice daily, Cymbalta 90 mg total daily and Lyrica 150 mg three times daily. Report from 10/31/2013 suggested that he complained of chronic low back pain, bilateral leg/knee pain and severe insomnia. Report from 11/21/2013 indicated presence of symptoms suggestive of anxiety, behavioral agitation, and absence of depression or suicidal ideations. Abilify was discontinued at that visit due to akathisia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF WELLBUTRIN DR 200MG, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker is a 67-year-old male with date of injury 6/2/2005. Psychiatric progress report dated 1/3/2014 suggested that injured worker is taking several taking pain medications including Norco, Methadone, Lyrica and Opana without which there was an increase in anxiety, pain, headaches and difficulty sleeping. Psychiatric review of systems was positive for anxiety, behavioral agitation, racing thoughts. It was indicated that Abilify 10 mg, Neurontin 600mg three times daily, Clonazepam 1 mg three times daily, Wellbutrin SR 200 mg twice daily, Cymbalta 90 mg total daily(60 mg prescribed by Psychiatrist and 30 mg prescribed by another physician per the report) and Lyrica 150mg three times daily were being prescribed by the treating physician. Psychiatric progress report dated 10/3/2013 suggests that the injured worker's anxiety is improved. Diagnosis of Major Depressive Disorder, Generalized Anxiety Disorder and Sleep disorder were given to the injured worker based on the symptoms. The Official Disability Guidelines (ODG) states Bupropion (Wellbutrin) is recommended as a first-line treatment option for major depressive disorder. It also states Antidepressants for treatment of MDD (major depressive disorder): 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. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. The request for Wellbutrin 200mg #60 is medically necessary for continued treatment of depression and anxiety secondary to the industrial injury.

PRESCRIPTION OF CLONAZEPAM 1MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: It is ascertained from the submitted documentation that Clonazepam 1 mg three times daily has been prescribed on a long-term basis. Reports from 10/3/2013, 1/3/2014 indicates continued use of the same dose of Clonazepam. MTUS states Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians'

Progress Reports, the injured worker has been receiving Clonazepam 1 mg three times daily on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Clonazepam 1 mg #90 is not medically necessary due to the above stated reasons.

PRESCRIPTION OF NEURONTIN 300MG, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: MTUS states Gabapentin (Neurontin(R), Gabarone(tm), generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. (Peng,2007) (Buvanendran, 2007) (Menigaux, 2005) (Pandey, 2005) Spinal cord injury: Recommended as a trial for chronic neuropathic pain that is associated with this condition. (Levendoglu, 2004). MTUS also notes: Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. (Yaksi, 2007). The injured worker has spinal stenosis and neuropathic pain caused by traumatic spondylolisthesis treated with fusion. He has been prescribed Lyrica; however, it has not been authorized. There is no documentation suggesting that there has been improvement in pain levels, walking distance etc. with the Neurontin trial. The request for Neurontin 300 mg #180 is not medically necessary at this time.