

<b>Case Number:</b>	CM14-0006729		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	01/20/2008
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Orthopaedic Surgery 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 sustained an industrial injury on January 20, 2008 when a pressurized hose exploded next to his face resulting in loss of consciousness for about 5 minutes. MRI findings were consistent with closed head trauma. The August 28, 2011 Agreed Medical Evaluation (AME) psychiatric evaluation indicated that the patient suffered from disabling psychiatric symptoms, predominantly resulting from a combination of neuro-physiological dysfunction arising directly from the January 20, 2008 traumatic brain injury plus the patient's psychological reactions to the traumatic brain injury. The patient was reported permanent and stationary as of January 2011 with a Global Assessment of Functioning (GAF) score of 40. The AME opined the medical necessity of continuing psychiatric treatment including medication prescriptions and monitoring by the psychiatrist and individual psychotherapy. The November 1, 2013 appeal letter indicated that the patient suffered a significant traumatic brain injury and was left with cognitive deficits, depression, irritability, impatience, lower frustration tolerance, neck pain, headaches, sleep disturbance, and right-sided visual impairment. The patient had been prescribed Lexapro, Wellbutrin and Abilify with significant reduction in his irritability and depression, improved family relationships, and medications allowed him to perform adequately at work. The treating psychiatrist opined that stopping his psychiatric medications would likely have a significant adverse effect on his mood, marriage, relationship with his daughter, and ability to continue work. The December 20, 2013 neurologist progress report indicated that the patient continued to be symptomatic after his left knee surgery and was being treated for depression. Physical exam findings noted cervical paraspinal tenderness and left knee pain and crepitus. The diagnosis was status post right forearm surgery, closed head injury with post-traumatic head syndrome with cognitive mood impairment, depression and impaired balance. The diagnosis status post left knee surgery was depression. The treating physician opined the medical necessity of follow-up with

his orthopedic surgeon for post-surgical treatment recommendations for the left knee. The patient was taking Wellbutrin, Norco, and Abilify and the treatment plan recommended continuation. The January 14, 2014 utilization review denied the request for Wellbutrin as there was no current documentation of depressive symptoms and this had previously been non-certified. The request for Norco was certified with modification to #96 pills to allow for weaning as the patient was noted as sedated with the use of Norco, and still had left knee pain. Abilify was non-certified as guidelines do not support atypical antipsychotics. The orthopedic consult was denied as there were no findings that would warrant surgical consideration. The January 16, 2014 appeal letter stated that the treating physician continued to believe that the patient was at great risk of a relapse of his depression and impulsive anger, both of which could seriously disrupt his marriage, relationship with his daughter, and his work. Wellbutrin and Abilify have helped the patient stabilize his mood and behavior and allowed him to return to work

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 PRESCRIPTION OF WELLBUTRIN 150MG #120 WITH 2 REFILLS: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Bupropion (Wellbutrin®)

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that Bupropion HCL (Wellbutrin) is a second-generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. The guidelines state that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The Official Disability Guidelines recommend this medication as a first-line treatment option for major depression disorder. Guideline criteria have been met. This patient suffered a traumatic brain injury with neurophysiological dysfunction, including depression. He is under the care of a psychiatrist who reports that the current medication regime has helped to stabilize his mood and behavior and allowed him to return to work. The treating psychiatrist indicated that stopping this medication would have serious negative impact on his family life and work ability. Therefore, this request for one prescription of Wellbutrin 150mg #120 with 2 refills is medically necessary.

#### **1 PRESCRIPTION OF NORCO 10/325 #120 WITH 2 REFILLS.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, WEANING OF MEDICATION Page(s): 78-80, 91, 124.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. The guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met. There is no current documentation of functional benefit relative to the use of this medication. The January 14, 2014 utilization review recommended the request for Norco 10/325mg #120 with 2 refills be certified with modification to #96 for weaning with the remaining 24 tablets and 2 refills non-certified. There is no compelling reason to support the medical necessity of Norco beyond the amount already certified in the absence of documented functional improvement. Therefore, this request for Norco 10/325mg #120 with 2 refills is not medically necessary.

**1 PRESCRIPTION OF ABILIFY 2MG #30 WITH 2 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress and Stress Related Conditions

**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, Atypical Antipsychotics; Other Medical Treatment Guideline Or Medical Evidence: Tenovuo O. Pharmacological Enhancement of Cognitive and Behavioral Deficits After Traumatic Brain Injury. *Curr Opin Neurol.* 2006 Dec;19(6):528-33

**Decision rationale:** The California MTUS does not provide recommendations for the use of atypical antipsychotics, such as Abilify. The Official Disability Guidelines do not recommend atypical antipsychotics as a first-line treatment. The National Guideline Clearinghouse did not provide guidelines for the use of atypical antipsychotics in traumatic brain injury patients. A search of PubMed found support for clinician directed pharmacological management. Peer-reviewed literature concluded that the clinician trying to ameliorate the cognitive and behavioral symptoms of traumatic brain injury has to make decisions about pharmacotherapy that are still based mainly on clinical experience. Large randomized controlled trials giving high-quality evidence are so far missing. A symptom-based approach was suggested for current practice. The treating psychiatrist has documented good response to the current medication regime in terms of his depression and irritability. Functional benefit has been noted in his ability to successfully return to work and within his family relationships. Therefore, this request for one prescription of Abilify 2mg #30 with 2 refills is medically necessary.

**1 ORTHOPEDIC SURGEON CONSULTATION FOLLOW UP:** 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , INDEPENDENT MEDICAL EXAMINATION AND CONSULTATIONS, KNEE COMPLAINTS, 127, 343

**Decision rationale:** The ACOEM guidelines support the use of a specialist when the plan or course of care may benefit from additional expertise. The guidelines also state that referral for surgical consideration may be indicated for patients who have continued activity limitation and failure of exercise programs to increase range of motion and strength of the knee. The guideline criteria have been met. This patient is reported status post knee surgery. An orthopedic surgeon consult has been requested to provide treatment recommendations for the left knee, which is outside of the treating physician's expertise. There are complaints of continued knee pain and findings of crepitus. Therefore, this request for orthopedic surgeon consultation follow up is medically necessary.