

<b>Case Number:</b>	CM14-0101245		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/12/1983
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56 year-old female, who was injured on December 12, 1983, while performing regular work duties. The injured worker has had ongoing chronic pain of the low back and both lower extremities. The injured worker has received physical therapy, steroid injections, oral medications, and multiple surgeries. According to the records provided the injured worker has had a long history of depression as a result of continued pain, despite having surgeries intended to relieve the pain. The records indicate the injured worker has been having family difficulties, poor sleep, occasional panic attacks, rare suicidal thoughts, and grief over mother's death. The records provided demonstrate that the injured worker had been on Wellbutrin, Celexa, Trazadone, Ambien, and Xanax, prior to August 19, 2013, however do not indicate the efficacy of said medications. On April 9, 2014, the primary treating psychiatrist indicates the injured worker is not sleeping well, had a recent surgery on a knee, is on increased pain medications consisting of MS Contin and Percocet, missed a previous appointment due to having a reported panic attack, and that the injured worker was "somewhat more depressed". The request for authorization is for Wellbutrin SR 450 mg #30 with 3 refills, QTY 120; Trazadone 200 mg #30 with 3 refills, QTY 120; Ambien 10 mg #30 with 3 refills, QTY 120; Xanax 1.0 mg #30 with 3 refills, QTY 120; and Celexa 40 mg #30 with 3 refills, QTY 120. The diagnosis is depression. On June 24, 2014, Utilization Review provided a modified certification of Wellbutrin SR 450 mg #30 with 2 refills, QTY 90; Trazadone 200 mg #30 without refill, QTY 30; Ambien 10 mg #30 without refill, QTY 30; Xanax 1.0 mg #30 without refill, QTY 30; and Celexa 40 mg #30 without refill, QTY 30. The Utilization Review rationale for determination as per MTUS guidelines is as follows: Regarding Wellbutrin, partial certification is to allow for documentation of response to the medication. Regarding Trazadone, partial certification was given for initiation of the discontinuation process. Regarding Ambien, partial certification was

given for initiation of the discontinuation process. Regarding Xanax, partial certification was given for initiation of the discontinuation process. Regarding Celexa, partial certification was given for initiation of the discontinuation process.

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

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

**Wellbutrin SR 450mg, qty 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

**Decision rationale:** According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However there no documentation of pain and functional improvement with previous use of Wellbutrin. Based on the above, the prescription of Wellbutrin SR 450mg, QTY 120 is not medically necessary.

**Trazadone 200mg, qty 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Antidepressants for chronic pain, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

**Decision rationale:** There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. Therefore, the request for Trazadone 200mg, QTY 120 is not medically necessary.

**Ambien 10mg, qty 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 05/15/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)>

**Decision rationale:** According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and Eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substance, which means they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. There is no recent documentation of sleep problems. Therefore, the prescription of Ambien 10mg # 120 is not medically necessary.

**Xanax 1mg QTY 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines < Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is a report of anxiety and depression and the use and failure of antidepressant was not documented. Therefore the use of Xanax is not medically necessary.

**Celexa 40mg, qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Anxiety medications in chronic pain. <https://msf.compiq.net/odg/odgtreatment.com/odgtwc/pain.htm>.

**Decision rationale:** Celexa is a serotonin reuptake inhibitor indicated of post-traumatic stress disorder. There is no documentation that the patient developed post-traumatic stress disorder. Therefore, the request for Celexa is not medically necessary.