

<b>Case Number:</b>	CM14-0014713		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/25/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Occupational Medicine 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 claimant was injured on 11/25/07. The medications Pristiq, Ativan, and Wellbutrin are under review. The claimant injured her right knee and low back on 11/25/07 when she fell down some stairs at work. She has had psychotherapy and cognitive behavioral therapy with psychiatric visits. She is status post-surgery to the knee in July 2008. The Pristiq and Wellbutrin were recommended to lift her mood. She had a psychological panel QME on 08/30/11. She was diagnosed with major depressive disorder. She began Pristiq on 07/16/12 and it was prescribed by [REDACTED] for depression and chronic pain. This appears to be her initial evaluation at that office and there is no mention of other antidepressants. She was taking Ativan at least as far back as 10/22/13 and the Pristiq as far back as 08/13/12. On 12/19/13, a psychiatric report by a nurse practitioner indicated the claimant had GI upset and diarrhea with Pristiq and the dose was decreased and Wellbutrin was added to lift her mood and alleviate her lack of libido. She was also prescribed Ativan 0.5 mg one p.o. b.i.d. for anxiety and panic attacks. She was unable to engage in gainful employment and was totally temporarily disabled. She saw the psychiatrist [REDACTED] on 01/24/14. She had been denied the medication and cognitive behavioral therapy. She saw [REDACTED] on 01/30/14 for her knee and had continued narrowing of the medial compartment of the patellofemoral joint and the knee itself. She was doing okay. She was to be re-injected that day with some viscoelastic and Depo-Medrol. It appears that Pristiq was denied because it is not a first line drug for neuropathic pain. Benzodiazepines are not recommended for chronic use. Pristiq, an SNRI, is recommended for depression especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Wellbutrin is a second generation non-tricyclic antidepressant. It is unclear whether other antidepressants have been tried.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRISTIQ 50 MG. QTY: 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Depression Page(s): 154.

**Decision rationale:** The history and documentation support the use of Pristiq for depression the CA MTUS p. 154 state that SNRIs are recommended for depression and are FDA-approved for this indication. The MTUS address the use of Venlafaxine and not desvenlafaxine specifically. However, both are SNRIs, a class of drugs that is recommended for this indication. The claimant has been diagnosed with major depressive disorder and has been seeing a psychiatrist for her medical management. This medication is a second line drug for neuropathic pain but is recommended as a first line drug for depression. The medical necessity of its use can be supported in this case. In this case, this medication is being used to treat depression, not chronic pain.

**ATIVAN 0.5MG. WTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

**Decision rationale:** The history and documentation do not objectively support the request for ongoing use of benzodiazepines such as Alprazolam. The CA MTUS state on page 54 that "(Alprazolam) is 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." The claimant is taking two antidepressants. The benefit to the claimant of ongoing use of a benzodiazepine cannot be determined from the records, including what functional benefit she gets from its use. Her pattern of use is unclear, including the specifics of her symptoms prior to use and her symptoms and activity improvements following a dose. Weaning on a schedule determined by the treating provider is recommended.

**WELLBUTRIN 150MG #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 155.

**Decision rationale:** The history and documentation support the request for Wellbutrin. The CA MTUS state on p. 155 that Wellbutrin is the brand name for bupropion, an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. It was started as an adjunct to the claimant's use of Pristiq because of gastrointestinal symptoms from the Pristiq which was decreased. The use of this medication can be supported for treatment of depression which has been diagnosed in this case. The claimant is under the care of a psychiatrist for her medication management. In this case, this medication is being used to treat depression, not chronic pain.