

<b>Case Number:</b>	CM14-0170925		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 a 44-year-old male with date of injury of 02/04/2011. The listed diagnosis per [REDACTED] from 08/04/2014 is major depressive disorder. According to this report, the patient has ongoing psychiatric treatment and continues to see [REDACTED]. He reports no side effects from his medications. The patient denies any new neurologic or medical findings and no new allergies. He denies any suicidal or homicidal thoughts. The patient states that he not constipated with the Amitiza. The utilization review denied the request on 10/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion XL 300mg #30:** Upheld

**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): 13 to 15.

**Decision rationale:** This patient presents with major depressive disorder. The treater is requesting bupropion XL 300 mg #30. The MTUS guidelines, pages 13 to 15, on antidepressants, states, "Recommended as a first line option for neuropathic pain, and has a

possibility for non-neuropathic pain. Tricyclics are generally considered the first line agent unless they are ineffective, poorly tolerated or contraindicated...Assessments of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment." The records show that the patient was prescribed Wellbutrin XL on 04/14/2014. The 04/25/2014 QME report from [REDACTED] notes, "The patient reported that neither medication nor therapy has been helpful for him, and that his psychiatrist has been changing the medication, because he has not responded to it." In this case, the patient reports no benefit from the use of his current medication. Therefore, the request for Bupropion XL 300mg #30 is not medically necessary and appropriate.

**Amitiza 24mcg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on initiating therapy for opiate use Page(s): 77. Decision based on Non-MTUS Citation Pain chapter on Lubiprostone (Amitiza®)

**Decision rationale:** This patient presents with major depressive disorder. The treater is requesting Amitiza 24 mcg #30. The MTUS guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. ODG also states, "Recommended only as a possible second-line treatment for opioid-induced constipation." The records show that the patient was prescribed Amitiza on 04/14/2014 for opiate-induced constipation. The reports from 12/16/2013 to 10/02/2014 do not show that the patient has tried other medications to treat his constipation before using Amitiza. While the treater notes opiate-induced constipation, ODG considers Amitiza as a second-line option treatment only. Therefore, the Amitiza 24mcg #30 is not medically necessary and appropriate.

**Seroquel XR 200mg #30:** Upheld

**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 (ODG) Mental Illness and Stress chapter on Quetiapine (Seroquel)

**Decision rationale:** This patient presents with major depressive disorder. The treater is requesting Seroquel XR 200mg. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Mental Illness and Stress chapter on Quetiapine (Seroquel) states, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG." The records show that the patient was prescribed Seroquel XR prior to 05/05/2014 for insomnia and depression. The 05/05/2014 report noted that the patient continues to report

depression with no improvement with the increase of Wellbutrin. He has anger outbursts even with the low dose Seroquel. The patient complains of frequent neck and back pain. The treater increased his Wellbutrin to 300mg daily for depression and Seroquel XR to 100mg for insomnia and depression. The 06/06/2014 report notes that the patient has been very despondent and has gained 8 pounds due to stress and anxiety. He continues to take Wellbutrin XL 300mg, Seroquel XR 200mg and Amitiza for severe constipation. The report from 08/04/2014 shows no change in the patient's condition. He reports no new neurologic symptoms. In this case, while the treater is prescribing this medication for the patient's ongoing depression and insomnia, ODG does not recommend Seroquel XR as first-line treatment. Therefore, the Seroquel XR 200mg #30 is not medically necessary and appropriate.