

<b>Case Number:</b>	CM14-0039686		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for reflux sympathetic dystrophy of the upper limb reportedly associated with an industrial injury of September 25, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; and transfer of care to and from various providers in various specialties. The applicant, it is incidentally noted, has apparently alleged development of derivative psychiatric issues. It is incidentally noted. In a Utilization Review Report dated March 11, 2014, the claims administrator partially certified a request for Wellbutrin with five refills as Wellbutrin with no refills, partially certified a request for Cymbalta with five refills as Cymbalta with no refills, and partially certified a request for Lunesta with five refills as Lunesta with no refills, and conditionally denied a request for buspirone. The claims administrator stated that the applicant, while having depressive symptoms, should be periodically monitored. The claims administrator therefore partially certified the request so as to reportedly facilitate medical monitoring. On January 9, 2009, the applicant was described as having a variety of chronic pain and depressive symptoms. The applicant was using Lodine, Zanaflex, Prilosec, Ambien, Morphine, Skelaxin, Lyrica, and Setebid, it was stated. On May 6, 2013, the applicant presented with a variety of issues including fatigue, depression, arthralgias, anxiety, insomnia, back pain, and hand pain. Psychotherapy, continued psychiatric care, trigger point injections, and a TENS unit were sought. The applicant's work status was not furnished, although it did not appear that the applicant was working. On November 16, 2013, the applicant was described as having heightened complaints of pain and intensification symptoms of depression and anxiety with associated suicidal ideation. The applicant did not have clear findings for the same, it was stated. The applicant's medication list was not furnished on this occasion. The applicant was given a Toradol injection in the

clinic. On February 19, 2014, it was suggested that the applicant had been covertly surveilled by the claims administrator. On March 5, 2014, the applicant was described as using Neurontin, Dilaudid, Lidoderm, tizanidine, and Morphine. The applicant reported 5/10 pain with medications and 2/10 without medications. The applicant was described as permanent and stationary with permanent limitations in place. In a medical-legal evaluation of July 5, 2012, it was stated that the applicant was permanently and totally disabled owing to a combination of orthopedic, pain, and psychiatric issues. On September 19, 2012, it was stated that the applicant had continued complaints of pain and depression. The applicant was using Wellbutrin, Cymbalta, and Lunesta at this point. It was stated that the applicant felt that his ability to sleep was improved with ongoing Lunesta usage. On September 9, 2013, the applicant was described as totally temporary disabled psychiatrically. It was stated that the applicant was more talkative than usual. Unspecified psychotropic medications were refilled on this occasion. Biofeedback training, relaxation training, and dental consultation were sought. It appears that several psychotropic medications were sought via a request for authorization form, without any accompanying progress note. On May 1, 2014, the applicant stated that he was not certain which medications were helping him but felt that the combination were, taken together, helping. The applicant reported 10/10 pain without medications and 7/10 pain with medications. The applicant then stated, somewhat incongruously, that no functional improvements were noted with medications. Severely limited shoulder, wrist, and hand range of motion and strength were noted. The medications discussed in this case included Neurontin, Dilaudid, Lidoderm, Morphine, and tizanidine. On November 22, 2013, the applicant's psychiatrist stated that the applicant should continue psychiatric medications. It was stated that the applicant was having issues with insomnia owing to his sister's demise and was using Lunesta for the same. The applicant's mood was unchanged. Some depressive symptoms were noted.

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

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

**Wellbutrin XL 150 mg, ninety count with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin). Decision based on Non-MTUS Citation Official disability Guidelines, mental illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the Stress Related Conditions Chapter of the ACOEM Practice Guidelines does acknowledge that it may take weeks for antidepressants to exert their maximal effect, in this case, however, the applicant appears to have been using Wellbutrin, the antidepressive agent in question, for what appears to be a span of several years. There has been no evidence that Wellbutrin has been beneficial in terms of improving the applicant's mood or mental state. The applicant's mood and underlying depressive symptoms are described as unchanged from visit to visit. The attending provider has not incorporated any discussion of medication efficacy into his decision to continue Wellbutrin, contrary to what is suggested in the

ACOEM Practice Guidelines. Therefore, the request for Wellbutrin XL 150 mg, ninety count with five refills is not medically necessary or appropriate.

**Cymbalta 60mg, sixty count with five refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cymbalta (duloxetine).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the Stress Related Conditions Chapter of the ACOEM Practice Guidelines does acknowledge that it may take weeks for antidepressants to exert their maximal effect, in this case, however, the applicant has been using Cymbalta for what appears to be a span of several years. There has been no discussion of medication efficacy incorporated into any recent psychiatric progress note. The applicant's psychiatrist continues to refill the psychotropic medication in question without any discussion of medication efficacy. The applicant remains depressed, it is suggested. The applicant remains off of work from a mental health perspective. There have been no clear improvements in mood, anxiety, and/or function which have been attributed to ongoing usage of Cymbalta. Therefore, the request for Cymbalta 60mg, sixty count with five refills, is not medically necessary or appropriate.

**Lunestra 3mg, thirty count with five refills:** Upheld

**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 & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 7. Page(s): 7. Decision based on Non-MTUS Citation . Food and Drug Administration (FDA), Lunesta Medication Guide.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines does not specifically address the topic of Lunesta usage. As noted by the Food and Drug Administration (FDA), Lunesta is indicated in the treatment of insomnia. However, as noted in the Chronic Pain Medical Treatment Guidelines, it is incumbent upon an attending provider to incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant's psychiatrist continued to refill Lunesta and other psychotropic medications without any discussion of medication efficacy. There has been no discussion in several years as to whether or not ongoing usage of Lunesta has been beneficial in terms of ameliorating the applicant's sleep. Therefore, the request for Lunestra 3mg, thirty count with five refills, is not medically necessary or appropriate.