

<b>Case Number:</b>	CM14-0062588		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/12/1993
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Psychiatry, 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:

Injured worker is a 53 year old female with date of injury 2/12/1993. Date of the UR decision was 4/29/2011. He has been diagnosed with Complex Regional Pain Syndrome, Type 1, upper. Report dated 6/9/2014 suggested that he was experiencing increase in neck, shoulder and arm pain. He was prescribed Lyrica, MS Contin, Synthroid, Wellbutrin XL, Nortryptiline, Ketamine/Ketoprofen/Lidocaine. Report dated 6/6/2014, suggested that she had been worried about financial issues. She suggested that she had been hearing mumbling noises but denied any clear voices. She was experiencing staying asleep even with Nortryptiline. The report indicated that she suffers from Major Depressive Disorder with chronic pain with some favorable response to Nortryptiline added to Wellbutrin. Report dated 4/7/2014 suggested that the Nortryptiline dose was reduced and split into two doses due to side effect of dizziness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Treatment with Medication Adjustment and Monitoring: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

**Decision rationale:** The injured worker has been diagnosed with Major depressive disorder with Chronic pain issues. Request for Psychiatric Treatment with Medication Adjustment and Monitoring does not specify as to how many Psychiatrist follow up visits are being requested. The request is not medically necessary.

**Wellbutrin XL (300mg/24 hours, 1 tab every morning, #30):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Mental and Stress, Bupropion (Wellbutrin®).

**Decision rationale:** MTUS talks about use of Bupropion in chronic neuropathic pain but is silent regarding its use in depression. ODG states "Bupropion (Wellbutrin) is Recommended as a first-line treatment option for major depressive disorder. It also states "Antidepressants for treatment of MDD (major depressive disorder): recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach" The submitted documentation reveals the diagnosis of Major Depressive Disorder for which Wellbutrin is indicated. The request for Wellbutrin XL 300 mg/24 hrs, one tab every morning 30 tabs is medically necessary.

**Nortriptyline 50mg, one tab every morning #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines < Antidepressants for chronic pain >, page(s) <13,14 of 127 > Page(s): 13, 14 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental & Stress < Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** MTUS states "Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. ODG states "Tricyclic antidepressants (TCAs) are among the most effective antidepressants available, although their poor tolerance at usual recommended doses and toxicity in overdose make them difficult to use. While selective serotonin reuptake inhibitors (SSRIs) are better tolerated than TCAs, they have their own specific problems, such as the aggravation of sexual dysfunction,

interaction with coadministered drugs, and for many, a discontinuation syndrome. In addition, some of them appear to be less effective than TCAs in more severely depressed patients" The injured worker suffers from Major Depressive disorder and Chronic Pain issues for which Tricyclic Antidepressants such as Nortriptyline is indicated. The request for Nortriptyline 50mg, one tab every morning #30 is medically necessary.

**Nortriptyline 75mg one tab every evening #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines < Antidepressants for chronic pain >, page(s) <13,14 of 127 > Page(s): 13, 14 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental & Stress < Antidepressants for treatment of MDD (major depressive disorder).

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