

<b>Case Number:</b>	CM14-0075837		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/23/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Iowa. 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:

This patient is a 34 year-old female with a date of injury of 10/23/2003. A review of the medical documentation indicates that the patient is undergoing treatment for right shoulder pain, depression, and anxiety. Subjective complaints (8/16/2013 and 7/10/2014) include right shoulder pain, right finger numbness, depression, and anxiety. Objective findings (8/16/2013 and 7/10/2014) include altered mood, mild pain behavior, slowed cognitive process, and decreased concentration and attention. Documentation also notes decreased sleep, energy levels, sadness, fluctuating weight, and increased anxiety. The patient has undergone multiple imaging studies and two surgeries related to this condition, along with pain medication and vocational rehabilitation. More recently, the patient has received psychiatric evaluations along with multiple medication regimens and extensive follow-up, with a diagnosis of major depressive disorder and generalized anxiety disorder. A utilization review dated 5/16/2014 modified the request for Wellbutrin 200 mg from 1 prescription and 5 refills to 1 prescription and 1 refill. It also modified the request for Ativan from 1 prescription with 1 refill to 1 prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Wellbutrin 200 mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Stress & Illness.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Unipolar depression in adults: Continuation and maintenance treatment; Bupropion drug information.

**Decision rationale:** MTUS only references Wellbutrin (Bupropion) in relation to chronic pain and does not comment significantly on use for mostly psychiatric indications. Up To Date articles indicate that bupropion is an acceptable treatment for major depression. It also states that frequent monitoring of patients on continuing and maintenance treatment is indicated. The article cites an American Psychiatric Association practice guidelines that recommends patients receiving pharmacotherapy be seen regularly to monitor progress, at least every three to six months. The most recent records indicate this patient is currently being seen approximately every two months. While Bupropion appears to be an acceptable treatment option for the patient's depression, the duration of refill does not correlate with the frequency of visits. The treating physician also does not comment on the need for long-term refills, and only provides short updates on the patient status and need for the continued medication. It is not clear why six months of medication are needed when the patient is being actively monitored every two months for change in symptoms. Therefore the request for 1 prescription for Wellbutrin 200 mg #30 with 5 refills is not medically necessary at this time.

**1 Prescription for Ativan 0.5 mg with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Pharmacotherapy for generalized anxiety disorder; Lorazepam drug information.

**Decision rationale:** MTUS only references Ativan (Lorazepam) in relation to chronic pain and does not comment significantly on use for mostly psychiatric indications. Up To Date articles indicate that Lorazepam can be efficacious in treating generalized anxiety disorder, but should be used with caution. It states that typical treatment is usually in combination with an antidepressant to counteract initial side effects of antidepressants, followed by tapering. It recommends that Benzodiazepines principally be used in patients with chronic generalized anxiety disorder and minimal current depressive symptoms. It does not recommend use in patients with concomitant depression, as many antidepressants treat both symptoms adequately. The current patient has been diagnosed by the treating physician as having both anxiety and depressive symptoms, but does not comment on the need for separate treatment. Also, the amount and duration of therapy with Lorazepam, given it is directed to be taken PRN, does not appear to be indicated. It is not clear why this duration of therapy is needed, and no long-term plan is provided to taper the medication. Therefore the request for 1 prescription for Ativan 0.5 mg #30 with 1 refill is not medically necessary at this time.

