

<b>Case Number:</b>	CM14-0078140		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/21/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57 year old female was reportedly injured on 3/21/2007. The mechanism of injury was noted as cumulative trauma. The most recent progress notes, dated 4/1/2014 and 5/21/2014 indicate that there were ongoing complaints of depression, anxiety and neck pain. The physical examination demonstrated casual appearance with normal speech, behavior agitation, mood swings, crying spells, anger, and anxiety and racing thoughts present, and no hallucinations, suicidal or homicidal ideations. No recent neurological examination documented. CT scan of the cervical spine, dated 2/13/2013, demonstrated C5 to C6 anterior fusion with no cervical spinal stenosis and straightening of cervical alignment suggestive of cervical muscular spasm. Diagnoses: Chronic neck pain, depression/anxiety disorder and obstructive sleep apnea. Previous treatment included anterior cervical discectomy and fusion (ACDF) at C5 to C6, several knee surgeries, psychotherapy and medications to include Percocet, Norco, Wellbutrin XL, Deplin, Prilosec, Cymbalta and Klonopin. A request had been made for Wellbutrin XL 150 milligrams quantity thirty with one refill and Lexapro 10 milligrams quantity thirty with one refill, which was not certified in the preauthorization process on 5/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150 mg 30 plus one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-14, 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 16, 27 & 125.

**Decision rationale:** Bupropion (Wellbutrin) is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Medical Treatment Utilization Schedule (MTUS) guidelines support Wellbutrin for the treatment of neuropathic and radicular pain; however, there is no evidence of efficacy in patients with non-neuropathic chronic back or neck pain. The available medical records for review, fail to show objective clinical documentation of neuropathic and/or radicular pain. As such, this request is not medically necessary.

**Lexapro 20 mg # 30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors Page(s): 13-14, 27. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Updated 04/10/14, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74, 78, 93.

**Decision rationale:** Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for neck or back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. Medical Treatment Utilization Schedule (MTUS) guidelines support the use of SSRIs, Lexapro, for neuropathic pain after failure to a first line agent (Tricyclics). Review of the available medical records; fail to document any trial of first line agents. As such, this request is not considered medically necessary.