

Case Number:	CM14-0203051		
Date Assigned:	12/15/2014	Date of Injury:	04/26/1993
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Psychiatrist (MD), 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 57 year old male with date of injury 04/26/1993. Date of the UR decision was 11/20/2014. Per report dated 8/21/2014, the injured worker presented with subjective complaints of depression, chronic pain, and limited ability to perform tasks. He has been diagnosed with Major depressive disorder, chronic, severe; Obsessive Compulsive Personality Disorder and Chronic pain. He had been prescribed medications namely Oxycontin 30 mg in the morning, 25 mg in afternoon and 20-30 mg at bedtime, Cymbalta, Wellbutrin, Remeron. Valium as needed, Ambien and gabapentin. Per report dated 10/1/2014, she presented with knee pain (left more than right). He had been trying conservative treatment which was not helping significantly and the treating provider recommended physical therapy and medication treatment. He had been receiving psychotherapy treatment biweekly and the most recent progress report available is dated 11/6/2014. Progress report dated 07/30/2014 documented that the injured worker's neck, upper extremity and low back was worse and thus he was unable to decrease the pain medications due to the intensity of the pain. Medications per that report included Neurontin, Robaxin, OxyContin, Oxycodone, Provigil, Ibuprofen, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg quantity 30 with 4 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 (ODG); Mental Illness & Stress Procedure Summary, Antidepressants

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Stress and Mental Illness; Bupropion (Wellbutrin), Antidepressants for Treatment of MDD (Major Depressive Disorder)

Decision rationale: Injured worker has been diagnosed with major depressive disorder, chronic, severe; obsessive compulsive personality disorder and chronic pain. The most recent progress report available is dated 07/30/2014 which is >6 months old. Based on lack of recent progress report indicating the current symptoms or any objective improvement in injured worker's condition' the request for a 5 month supply of Wellbutrin i.e. Wellbutrin XL 300mg quantity 30 with 4 refills is excessive and not medically necessary.

Cymbalta 30mg quantity 90 with 4 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 (ODG); Mental Illness & Stress Procedure Summary, Antidepressants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states " Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy, Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%)." Injured worker has been diagnosed with major depressive disorder, chronic, severe; obsessive compulsive personality disorder and chronic pain. The most recent progress report available is dated 07/30/2014 which is >6 months old. Based on lack of recent progress report indicating the current symptoms or any objective improvement in injured worker's condition with the current medications, the request for a 5 month supply of Cymbalta i.e. for Cymbalta 30mg quantity 90 with 4 refills is excessive and not medically necessary.

Valium 10mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of Medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Valium on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus the request for Valium 10mg quantity 30 is not medically necessary as Valium is not indicated for long term use per the guidelines.

Remeron 45mg quantity 30 with 4 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 (ODG); Mental Illness & Stress Procedure Summary, Antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for Treatment of MDD (Major Depressive Disorder).

Decision rationale: Injured worker has been diagnosed with major depressive disorder, chronic, severe; obsessive compulsive personality disorder and chronic pain. The most recent progress report available is dated 07/30/2014 which is >6 months old. Based on lack of recent progress report indicating the current symptoms or any objective improvement in injured worker's condition with the current medications, the request for a 5 month supply of Remeron i.e. Remeron 45 mg quantity 30 with 4 refills is excessive and not medically necessary.