

Case Number:	CM15-0108038		
Date Assigned:	06/12/2015	Date of Injury:	10/23/2007
Decision Date:	08/26/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 52 year old female, who sustained an industrial injury on October 23, 2007, incurring emotional distress working as a firefighter. She was diagnosed with depressive disorder, and personality disorder. Treatment included antidepressants, antianxiety medications, increased physical activity, work restrictions, and psychotherapy. Currently, the injured worker complained of ongoing anxiety, depression, impaired concentration, irritability, sleep disturbance, and social withdrawal. The treatment plan that was requested for authorization included prescriptions for Wellbutrin XL, Vyvanse, Abilify and Deplin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg #30 with 2 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-Treatment for Workers' Compensation (ODG-TWC) Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 16, 13-15.

Decision rationale: The patient presents with anxiety, depression, diminished energy, impaired concentration, irritability, sleep disturbance and social withdrawal. The request is for wellbutrin XL 300 mg # 30 with 2 refills. Treater's objective findings on the patient on 02/02/15 included anxious and depressed. Per 03/04/15 report, patient's diagnosis include anxiety disorder not otherwise specified (DSM-IV 300.00) with depression features, no diagnosis (DSM-IV V71.09) with paranoid personality traits, no reported physical injury allegation at this time, defer to other specialist for comment, leave of absence, open claim for Workers' Compensation, unmarried but in a relationship, and uncertain employment future. Patient's medications, per 04/20/15 progress report include Wellbutrin, Vyvanse, Abilify and Deplin. Per 02/02/15 progress report, patient is to remain off work for the next 60 days. MTUS guidelines under: SPECIFIC ANTIDEPRESSANTS, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Treater has not discussed this request. UR letter dated 05/19/15 has modified the request to #30 tablets with no refills. Patient received prescriptions for Wellbutrin from 12/01/14 and 04/20/15. Per 02/02/15 progress report, patient is diagnosed with depressive disorder. Review of the medical records provided indicated that there was no mention of neuropathic pain the patient may have. Wellbutrin is supported by MTUS for patients with neuropathic pain, which this patient does not present with. Furthermore, MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.

Vyvanse 40mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medinenet.com/lisdexamfetamin/article.htm> last updated 02/04/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: Vyvanse (lisdexamfetamine).

Decision rationale: The patient presents with anxiety, depression, diminished energy, impaired concentration, irritability, sleep disturbance and social withdrawal. The request is for Vyvanse 40 mg # 30 with 2 refills. The request is for wellbutrin XL 300 mg # 30 with 2 refills. Treater's objective findings on the patient on 02/02/15 included anxious and depressed. Per 03/04/15 report, patient's diagnosis include anxiety disorder not otherwise specified (DSM-IV 300.00) with depression features, no diagnosis (DSM-IV V71.09) with paranoid personality traits, no reported physical injury allegation at this time, defer to other specialist for comment, leave of absence, open claim for Workers' Compensation, unmarried but in a relationship, and uncertain employment future. Patient's medications, per 04/20/15 progress report include Wellbutrin, Vyvanse, Abilify and Deplin. Per 02/02/15 progress report, patient is to remain off work for the next 60 days. MTUS and ODG guidelines do not address Vyvanse. Drugs.com states that

Vyvanse (lisdexamfetamine) is a central nervous system stimulant. It affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Vyvanse is used to treat attention deficit hyperactivity disorder (ADHD) in adults and in children who are at least 6 years old. Treater does not discuss this request. UR letter dated 05/19/15 has modified the request to #30 tablets with no refills. Patient received prescriptions for Vyvanse from 12/01/14 and 04/20/15. In progress report dated 12/01/14, patient's diagnosis includes ADHD. However, there is no discussion regarding the patient's symptoms, how the patient is doing with medication and whether or not it has been effective. MTUS p60 require documentation of functional benefit when medications are used. The request is not medically necessary.

Abilify 5mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Aripiprazole (Abilify).

Decision rationale: The patient presents with anxiety, depression, diminished energy, impaired concentration, irritability, sleep disturbance and social withdrawal. The request is for Abilify 5 mg # 30 with 2 refills. The request is for wellbutrin XL 300 MG # 30 with 2 refills. Treater's objective findings on the patient on 02/02/15 included anxious and depressed. Per 03/04/15 report, patient's diagnosis include anxiety disorder not otherwise specified (DSM-IV 300.00) with depression features, no diagnosis (DSM-IV V71.09) with paranoid personality traits, no reported physical injury allegation at this time, defer to other specialist for comment, leave of absence, open claim for Workers' Compensation, unmarried but in a relationship, and uncertain employment future. Patient's medications, per 04/20/15 progress report include Wellbutrin, Vyvanse, Abilify and Deplin. Per 02/02/15 progress report, patient is to remain off-work for the next 60 days. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." The treater does not discuss this request. UR letter dated 05/19/15 has modified the request to #30 tablets with no refills. Patient received prescriptions for Abilify from 12/01/14 and 04/20/15. Patient's diagnosis included depressive disorder and ADHD. ODG guidelines do not recommend Abilify as first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Furthermore, this medication is recommended for schizophrenia, which is not indicated in patient's diagnosis. Therefore, the request is not medically necessary.

Deplin 15mg #15 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter Deplin (L-methylfolate) Pain (Chronic) Chapter under Medical food.

Decision rationale: The patient presents with anxiety, depression, diminished energy, impaired concentration, irritability, sleep disturbance and social withdrawal. The request is for Deplin 15 mg # 15 with 2 refills. The request is for wellbutrin XL 300 mg # 30 with 2 refills. Treater's objective findings on the patient on 02/02/15 included anxious and depressed. Per 03/04/15 report, patient's diagnosis include anxiety disorder not otherwise specified (DSM-IV 300.00) with depression features, no diagnosis (DSM-IV V71.09) with paranoid personality traits, no reported physical injury allegation at this time, defer to other specialist for comment, leave of absence, open claim for Workers' Compensation, unmarried but in a relationship, and uncertain employment future. Patient's medications, per 04/20/15 progress report include Wellbutrin, Vyvanse, Abilify and Deplin. Per 02/02/15 progress report, patient is to remain off work for the next 60 days. ODG-TWC, Pain (Chronic) Chapter states: "Deplin (L-methylfolate) is a prescription medical food from [REDACTED], for the dietary management of suboptimal folate, a naturally occurring B vitamin, in depressed patients. L-methylfolate is not an antidepressant, but may make antidepressants work better by correcting folate levels in the brain." ODG-TWC, Pain (Chronic) Chapter states: "Medical food: Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain." Treater has not discussed this request. Review of the medical records provided indicate that the patient was prescribed Deplin from 12/01/14 and 04/20/15. ODG Guideline states that Deplin is a medical food and may make antidepressants work better by correcting folate levels in the brain. In this case, the patient has depression, is diagnosed with depressive disorder and is taking antidepressants and may benefit from this medication. However, there is no discussion regarding the patient's symptoms, how the patient is doing with medication and whether or not it has been effective. MTUS p60 require documentation of functional benefit when medications are used. The request is not medically necessary.