

<b>Case Number:</b>	CM15-0131718		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/14/2000
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 14, 2000. In a Utilization Review report dated August 14, 2000, the claims administrator failed to approve requests for Norco, Paxil, Lunesta, Flexeril, and Wellbutrin. The claims administrator referenced an RFA form and associated progress note of June 24, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form of June 24, 2015, Norco, OxyContin, Paxil, Lunesta, Flexeril, and Wellbutrin were renewed. In an associated progress note of the same date, June 24, 2015, the applicant reported ongoing complaints of low back, ankle, and knee pain. The applicant was using a cane to move about. The applicant was using Norco three times daily and using Lunesta nightly, it was reported. The applicant's psychiatric review of systems was negative for suicidal thoughts or ideation and negative for any issues with diminished concentration ability. The attending provider contended that the applicant would be incapable of walking even a half a block without his medications. The attending provider contended that the applicant's ability to walk a few blocks with a cane have been ameliorated as a result of ongoing medication consumption but did not elaborate further. The attending provider stated that Wellbutrin and Paxil were being employed to ameliorate the applicant's issues with severe depression. The attending provider maintained that the applicant's medications were beneficial. Permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The attending provider's documentations did suggest that the applicant's depression and anger

worsened without his medications. The attending provider also stated that the applicant's pain was worsened without his analgesic medications. The applicant had undergone a failed total knee arthroplasty, it was reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hydrocodone/acetaminophen 10/325, #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly articulated on the June 24, 2015 progress note in question, although it did not appear that the applicant was working following imposition of permanent work restrictions. While the attending provider stated that the applicant's medications were beneficial, these reports were outweighed by the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider's commentary that the applicant's ability to walk up to a block with a cane, coupled with the attending provider's commentary to the effect that the applicant would be non-functional without his pain medications, did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

#### **Paxil 40mg, #30 with 3 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Conversely, the request for Paxil, an SSRI antidepressant, was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Paxil may be helpful in alleviating symptoms of depression. Here, the attending provider's progress note of June 24, 2015 did suggest that the applicant was deriving some incomplete augmentation of mood with ongoing Paxil usage. The attending provider did state that the applicant denied suicidal thoughts and ideation and suggested (but did not clearly state) that the applicant is concentrated had been

ameliorated as a result of ongoing psychotropic medication usage. The attending provider stated that the applicant's depression and anger had worsened following cessation of antidepressants in the past. On balance, it did appear that the applicant was deriving some [admittedly] incomplete augmentation in mood with ongoing Paxil usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Lunesta 2mg, #25: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Insomnia treatment 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, Eszopiclone (Lunesta).

**Decision rationale:** Conversely, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for Lunesta, in a fact, represented treatment in excess of ODG parameters. The attending provider failed to furnish a clear or compelling rationale for such usage in the face of the unfavorable ODG position against long-term usage of Lunesta. Therefore, the request was not medically necessary.

**Flexeril 10mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Paxil, Wellbutrin, Norco, OxyContin, etc. Addition of cyclobenzaprine or Flexeril to the mix was recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Wellbutrin XL 150mg, #30 with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (bupropion). Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Bupropion (Wellbutrin).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The request for Wellbutrin, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. The attending provider indicated in his June 24, 2015 progress note that Wellbutrin was being employed for issues with depression. The attending provider's June 24, 2015 progress note did suggest that ongoing usage of Wellbutrin had generated some augmentation in mood and function. The attending provider stated that the applicant's ability to concentrate had been augmented as a result of ongoing psychotropic medication usage on June 24, 2015 and also noted that the applicant denied suicidal thoughts on that date. The attending provider's documentation of June 24, 2015, established that the applicant had derived some [admittedly incomplete] augmentation in mood and concentration with ongoing psychotropic medications, including ongoing Wellbutrin usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Wellbutrin XL 150mg, #30 with 3 refills between 6/24/15 and 10/22/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (bupropion). Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Bupropion (Wellbutrin).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The request for Wellbutrin, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. The attending provider indicated in his June 24, 2015 progress note that Wellbutrin was being employed for issues with depression. The attending provider's June 24, 2015 progress note did suggest that ongoing usage of Wellbutrin had generated some augmentation in mood and function. The attending provider stated that the applicant's ability to concentrate had been augmented as a result of ongoing psychotropic medication usage on June 24, 2015 and also noted that the applicant denied suicidal thoughts on that date. The attending provider's documentation of June 24, 2015, established that the applicant had derived some [admittedly incomplete] augmentation in mood and concentration with ongoing psychotropic medications, including ongoing Wellbutrin usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.