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| <b>Case Number:</b>   | CM15-0160057 |                              |            |
| <b>Date Assigned:</b> | 08/26/2015   | <b>Date of Injury:</b>       | 05/14/2010 |
| <b>Decision Date:</b> | 09/29/2015   | <b>UR Denial Date:</b>       | 07/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 58 year old female sustained an industrial injury to the left ankle and right foot on 5-14-10. The injured worker was diagnosed with a left lateral malleolus fracture, a right 5th metatarsal fracture and right navicular fracture. Previous treatment included open reduction internal fixation left lateral malleolar fracture, physical therapy, acupuncture, extracorporeal shockwave therapy and medications. In a PR-2 dated 2-26-15, the injured worker complained of left ankle and foot pain rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for grade 3 tenderness to palpation to the left foot with spasms. The treatment plan included a prescription for topical compound cream. In a qualified medical evaluation dated 4-27-15, the injured worker complained of ongoing moderate to severe left ankle pain and mild right foot pain rated 8-10 out of 10 on the visual analog scale, associated with episodes of weakness and loss of balance. The injured worker reported having problems sleeping. Current diagnoses included status post left ankle fracture, difficulty walking, unstable gait, joint stiffness and limb pain. On 7-7-15, a request for authorization was submitted for Fluoxetine, Zolpidem Tartare and Bupropion XL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoxetine 10mg #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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI  
Page(s): 16.

**Decision rationale:** The California MTUS section on SSRIs states: Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. The provided medical records do not show the patient to have failed first line antidepressant therapy in the treatment of pain. Therefore the request is not medically necessary.

**Zolpidem Tartare 10mg #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/ counseling. Therefore the request is not medically necessary.

**Bupropion XL 150mg #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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin  
Page(s): 16.

**Decision rationale:** The California MTUS section on Wellbutrin states: Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake

inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) The provided medical records do not show the patient to have failed tricyclic or SNRI therapy. Therefore the request is not medically necessary.