

<b>Case Number:</b>	CM15-0168489		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, Michigan

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 injured worker is a 34 year old female, who sustained an industrial injury on 01-31-2012. The injured worker is currently permanent and stationary. Current diagnoses include chronic post-traumatic stress disorder, recurrent major depression, and pain disorder. Treatment and diagnostics to date has included psychotherapy, wrist surgery, and use of medications. Medications noted on primary treating physicians progress report dated 03-30-2015 included Abilify, Bupropion, Clonazepam, Escitalopram, Gabapentin, Prazosin, and Chlorpromazine. In a qualified medical evaluation in psychiatry dated 07-15-2015, the injured worker reported right wrist pain, which is reported to be better with Gabapentin. The injured worker rated her pain as 4 out of 10 on the pain scale. Objective findings included tearfulness during the evaluation. The Utilization Review report dated 08-06-2015 modified the request for 60 tablets of Gabapentin 300mg, 30 tablets of Bupropion XL 300mg, 120 tablets of Chlorpromazine 25mg, 60 tablets of Clonazepam 1mg, 30 tablets of Bupropion XL 150mg, 30 tablets of Aripipazole 10mg, and 30 tablets of Escitalopram 20mg to 30 tablets of Gabapentin 300mg, 15 tablets of Bupropion XL 300mg, 60 tablets of Chlorpromazine 25mg, 30 tablets of Clonazepam 1mg, 15 tablets of Bupropion XL 150mg, 15 tablets of Aripipazole 10mg, and 15 tablets of Escitalopram 20mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gabapentin 300 mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal that she is being prescribed gabapentin for neuropathic pain in ulnar nerve distribution in the right upper extremity with documentation of significant improvement in pain resulting in improvement in functional use of her right hand. The continued use appears appropriate; therefore, the request for Gabapentin 300 mg #60 is medically necessary.

### **Bupropion XL 300 mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Bupropion (Wellbutrin).

**Decision rationale:** Per the MTUS, 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 non-neuropathic 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. A review of the injured workers medical records reveals that she is being managed for severe depression with anxious distress as well as post traumatic stress disorder and chronic pain, The use of Bupropion in this setting is appropriate and the continued use is medically necessary. Therefore, the request for Bupropion XL 300 mg #30 is medically necessary.

**Chlorpromazine 25 mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate / Chlorpromazine.

**Decision rationale:** The MTUS / ACOEM and ODG did not address the use of Chlorpromazine, therefore other guidelines were consulted. Per UpToDate, chlorpromazine is a first generation antipsychotic/antimanic agent. A review of the injured workers medical records reveal that she is being managed for severe depression with anxious distress as well as post traumatic stress disorder and chronic pain, the use of Chlorpromazine in this setting given the severity of her symptoms is appropriate and the continued use is medically necessary. Therefore, the request for Chlorpromazine 25 mg #120 is medically necessary.

**Clonazepam 1 mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The MTUS does not recommend long-term use of benzodiazepines, long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety; a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. However, a review of the injured workers medical records reveals that she is being managed for severe depression with anxious distress as well as post traumatic stress disorder and chronic pain, the use of Clonazepam for her anxiety in this setting given the severity of her symptoms is appropriate and the continued use is medically necessary. Therefore, the request for Clonazepam 1 mg #60 is medically necessary.

**Bupropion XL 150 mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Bupropion (Wellbutrin).

**Decision rationale:** Per the MTUS, 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 non-neuropathic 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. A review of the injured workers medical records reveals that she is being managed for severe depression with anxious distress as well as post traumatic stress disorder and chronic pain, the use of Bupropion in this setting is appropriate and the continued use is medically necessary. Therefore, the request for Bupropion XL 150 mg #30 is medically necessary.

**Aripiprazole 10 mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and stress/ Aripiprazole.

**Decision rationale:** The MTUS did not address the use of Aripiprazole, therefore other guidelines were consulted. Per the ODG, it is 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. See Atypical antipsychotics; & PTSD pharmacotherapy. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. However, a review of the injured workers medical records reveal that she is being managed for severe depression with anxious distress as well as post traumatic stress disorder and chronic pain, the use of Aripiprazole in this setting given the severity of her symptoms is appropriate and the continued use is medically necessary. Therefore, the request for Aripiprazole 10 mg # 30 is medically necessary.

**Escitalopram 20 mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** Per the MTUS, SSRI's are "not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed

regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." A review of the injured workers medical records reveals that she is being managed for severe depression with anxious distress as well as post traumatic stress disorder and chronic pain, the use of escitalopram in this setting is appropriate and the continued use is medically necessary. Therefore, the request for escitalopram 20 mg #30 is medically necessary.