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| Case Number: | CM15-0181229 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 04/20/2001 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on April 20, 2001. The injured worker was diagnosed as having major depression, lumbar degenerative disc disease, status post lumbar laminectomy syndrome, lumbar facet arthropathy, sacroiliitis, coccydynia, right foot pain, and neck and shoulder pain. Treatment and diagnostic studies to date has included medication regimen, psychiatric treatment, magnetic resonance imaging of the cervical spine, electromyogram, medial branch blocks to the lumbar spine, and lumbar radiofrequency ablation. In a progress note dated July 16, 2015 the treating psychiatrist reports complaints of depression, anxiety, and irritability with continuous pain. Examination performed on July 16, 2015 revealed the injured worker to have a depressed mood and affect. On July 16, 2015, the injured worker's medication regimen included Lexapro, Wellbutrin, Ativan, Prilosec, and Tramadol, but the progress note did not indicate if the injured worker experienced any functional improvement and improvement in symptoms secondary to the use of his medication regimen. The progress note also did not indicate the injured worker's numeric pain level as rated on a visual analog scale. The injured worker has been on the medication regimen of Lexapro and depression, Ativan for anxiety, Prilosec for gastrointestinal upset, and Tramadol for pain since at least January 15, 2015. The examination from January 15, 2015 noted the injured worker to have a depressed mood and affect, but the progress note did not indicate if the injured worker experienced any functional improvement and improvement in symptoms secondary to the use of his medication regimen. On July 16, 2015, the treating physician requested the medications four Bupropion XL (Wellbutrin) 150mg with a quantity of 90 for 5 refills and Escitalopram 10mg (Lexapro) with a quantity of 90 with 5 refills noting current use of these medications as noted above. On August 26, 2015, the Utilization Review determined the requests for Bupropion XL

150mg with a quantity of 90 with 5 refills and Escitalopram 10mg with a quantity of 90 with 5 refills to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion XL 150mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Bupropion (Wellbutrin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder) (2) Mental Illness & Stress, Bupropion (Wellbutrin).

Decision rationale: The claimant sustained a work injury in April 2001 when, while working as a janitor, he slipped and fell. He continues to be treated for chronic pain with treatments including implantation of a spinal cord stimulator. He is also being treated for secondary major depressive disorder. In June 2015, he had improved since starting medications. The combination of Lexapro and Bupropion had made him less depressed. In July 2015, he was stable. He was adjusting to the death of his spouse. He was depressed, anxious, and irritable and was having ongoing pain. His current medications were continued. The treatment plan references his Wellbutrin dosing as at 300 mg per day. The request for authorization would indicate a dosing of 450 mg per day. Follow-up was planned in 4 weeks. A six-month supply of medications was provided. Anti-depressant medication is recommended for the treatment of major depressive disorder. Bupropion is recommended as a first-line treatment option. In this case, the claimant is being prescribed Bupropion and continued prescribing is appropriate. However, the dosing needs to be clarified. Additionally, when requested, this combination of anti-depressant medications had been prescribed for more than 6 months and a follow-up in 4 weeks was planned. A six-month supply of medication was not appropriate. The request that was submitted is not medically necessary.

Escitalopram 10mg #90 with 5 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 and Stress, Escitalopram, Antidepressants for treatment of MDD.

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, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant sustained a work injury in April 2001 when, while working as a janitor, he slipped and fell. He continues to be treated for chronic pain with treatments including implantation of a spinal cord stimulator. He is also being treated for secondary major depressive disorder. In June 2015, he had improved since starting medications. The combination of Lexapro and Bupropion had made him less depressed. In July 2015, he was stable. He was adjusting to the death of his spouse. He was depressed, anxious, and irritable and was having ongoing pain. His current medications were continued. The treatment plan references his Wellbutrin dosing as at 300 mg per day. The request for authorization would indicate a dosing of 450 mg per day. Follow-up was planned in 4 weeks. A six-month supply of medications was provided. In the treatment of major depression, many treatment plans start with a selective serotonin reuptake inhibitor (SSRI) such as Lexapro (Escitalopram), because of demonstrated effectiveness and less severe side effects. Most studies point to superior outcomes with this class of medications. In this case, the claimant has a diagnosis of major depressive disorder with symptoms of depression and continued prescribing of an anti-depressant is medically necessary. However, when requested, this combination of antidepressant medications had been prescribed for more than 6 months and a follow-up in 4 weeks was planned. A six-month supply of medication was not appropriate. The request that was submitted is not medically necessary.