

Case Number:	CM15-0182332		
Date Assigned:	09/23/2015	Date of Injury:	05/04/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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 52 year old male, who sustained an industrial injury on 05-04-2010. The injured worker is currently temporarily totally disabled and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for depression with pain component and sleep disorder. Treatment and diagnostics to date has included cognitive behavioral therapy and medications. Current medications include Restoril (both 30mg and 15mg since at least 10-30-2014), Geodon (since at least 10-30-2014), Bupropion SR (since at least 10-30-2014), Remeron (since at least 10-14-2014), Ativan, Zoloft, Inderal, Norco, Lisinopril, and Prilosec. In a psychiatric progress note dated 08-05-2015, the injured worker presented for a regular follow up. The treating physician stated that "both Restoril and Remeron will be dc'd (discontinued)" due to the Restoril "losing its effectiveness" and appetite increased and weight gain and that Geodon and Bupropion "are working well". Objective findings included being alert and oriented with good eye contact. The request for authorization dated 08-25-2015 requested Geodon 80mg #90, Remeron 30mg #30, Zoloft 100mg #30, Bupropion SR 150mg #30, Inderal 20mg #90, Restoril 15mg #30, and Restoril 30mg #30. The Utilization Review with a decision date of 09-01-2015 modified the request for Geodon 80mg #90 to Geodon 80mg #45 and denied the request for Remeron 30mg #30, Bupropion SR 150mg #30, Restoril 15mg #30, and Restoril 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Geodon 800mg #90: 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); American Psychiatric Association.

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, Atypical antipsychotics.

Decision rationale: Geodon is an atypical antipsychotic. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. Geodon 800mg #90 is not medically necessary.

Remeron 30mg #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) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Mirtazapine (Remeron) is a noradrenergic and specific serotonergic antidepressant (NaSSA) used to treat major depressive disorder. According to the Official

Disability Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. I am reversing the previous UR decision. Remeron 30mg #30 is medically necessary.

Buproplan SR 150mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://reference.medscape.com / drug/wellbutrin-zyban-bupropion-342954](http://reference.medscape.com/drug/wellbutrin-zyban-bupropion-342954).

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), Bupropion (Wellbutrin).

Decision rationale: The Official Disability Guidelines recommended Bupropion (Wellbutrin) as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, 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. See Antidepressants for chronic pain for general guidelines, as well as specific Bupropion listing for more information and references. The patient fits the above criteria. I am reversing the previous UR decision. Bupropion SR 150mg #30 is medically necessary.

Restoril 15mg #30: Upheld

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) Pain (Chronic), Benzodiazepines.

Decision rationale: The Official Disability Guidelines do not recommend benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Restoril 15mg #30 is not medically necessary.

Restoril 30mg #30: Upheld

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) Pain (Chronic), Benzodiazepines.

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Restoril 30mg #30 is not medically necessary.