

Case Number:	CM15-0187789		
Date Assigned:	09/29/2015	Date of Injury:	06/04/2002
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 54 year old woman sustained an industrial injury on 6-4-2002. Diagnoses include major depressive disorder, constipation, and chronic left knee pain. Treatment has included oral medications, left knee surgeries, and left knee bracing. Physician notes dated 8-31-2015 show complaints of depression (improved), painful callus to the left foot, and left knee pain. The physical examinations shows a clear sensorium, fluent speech, positive mood, appropriate affect, logical and coherent thought processes, and no perceptual disturbance. There is a callus over the head of the left third metatarsal bone and slightly abnormal posturing at the left ankle. Recommendations include Bupropion, Gabapentin, Sertraline, and Naproxen. Utilization Review denied requests for Bupropion, Gabapentin, and Zolpidem on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion XL 300mg #30 with 12 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, PTSD Pharmacotherapy, 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) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with Major Depressive Disorder and the most recent progress report dated 8/31/2015 indicated that she has had improvement in depression and the objective findings suggest improved affect. However, the request for a yearlong supply of Bupropion is excessive since it is clinically indicated to follow up at shorter intervals to gauge the progress, tolerability to the medication, side effects etc. Therefore, the request for Bupropion XL 300mg #30 with 12 Refills is excessive and not medically necessary.

Sertraline 100mg #30 with 12 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Sertraline (Zoloft).

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

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with Major Depressive Disorder and the most recent progress report dated 8/31/2015 indicated that she has had improvement in depression and the objective findings suggest improved affect. However, the request for a yearlong supply of Sertraline is excessive since it is clinically indicated to follow up at shorter intervals to gauge the progress, tolerability to the medication, side effects etc. Therefore, the request for Sertraline 100mg #30 with 12 Refills is excessive and not medically necessary.

Gabapentin 400mg #90 with 12 Refills: Upheld

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): Antiepilepsy drugs (AEDs).

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "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." Per guidelines, Gabapentin has been found to be efficacious in treatment of Fibromyalgia, diabetic painful neuropathy and post herpetic neuralgia. The injured worker does not have the above stated conditions. The request for Gabapentin 400mg #90 with 12 Refills is excessive and not medically necessary.

Zolpidem 5mg #12 with 12 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, Pain (Chronic), Zolpidem (Ambien).

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/Insomnia treatment.

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, and Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Zolpidem 5mg #12 with 12 Refills is excessive and not medically necessary since Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).