

<b>Case Number:</b>	CM15-0192855		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/14/2001
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Physical Medicine & Rehabilitation

### 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 46 year old male, who sustained an industrial injury on May 14, 2001. The injured worker was diagnosed as having chronic headaches, chronic neck pain with multi-level bulging disc on magnetic resonance imaging in January of 2006, moderate to severe degenerative changes at cervical five to six and mild degenerative changes at cervical six to seven per magnetic resonance imaging in April of 2014, low back and right lower extremity pain, right focal posterior disc protrusion at lumbar four to five per magnetic resonance imaging from June of 2012, status post right lumbar three, four, five radiofrequency ablation in July of 2010 and June of 2011, status post two level lumbar fusion on October 08, 2012, intermittent double vision with unclear etiology with negative videonystagmography from October 2003, ringing in the ears with high frequency sensorineural hearing loss, tinnitus, depression, severe anxiety, and panic attack, and status post left lumbar four to five and lumbar five to sacral one facet injections in December of 2010. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the cervical and lumbar spine, medication regimen, occupational therapy, and above noted procedures. In a progress note dated August 26, 2015 the treating physician reports complaints of ongoing pain to the neck, low back, and shoulder. The progress note from August 26, 2015 did not include an examination. The injured worker's medication regimen on August 26, 2015 included Prozac (since at least October of 2012), Zanaflex (since at least April of 2015), Wellbutrin XL (since at least May of 2015), MS Contin (since at least July of 2015), Morphine Sulfate Immediate Release (since at least July of 2015), and Acyclovir (since at least July of 2015). The progress note from August 26, 2015 did

not include the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The progress note from August 26, 2015 indicated that the injured worker had post traumatic stress disorder with the medication of Prozac, Zanaflex, and Wellbutrin along with authorization for neuropsychology evaluation and treatment. The progress note from July 28, 2015 noted the injured worker's pain level to be 8 out of 10 that decreases to 5 out of 10 with the use of MS Contin and Morphine Sulfate. The examination from July 28, 2015 was revealing for "mild" distress and rises slowly. On August 26, 2015 the treating physician requested the medications of Prozac 20mg with a quantity of 30, Wellbutrin XL 150mg with a quantity of 30, and Zanaflex 4mg with a quantity of 60. On September 18, 2015 the Utilization Review determined the retrospective requests for Prozac 20mg with a quantity of 30, Wellbutrin XL 150mg with a quantity of 30, and Zanaflex 4mg with a quantity of 60 with the date of services of August 26, 2015 to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Prozac 20mg #30 (DOS 8/26/2015): Upheld**

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

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

**Decision rationale:** MTUS Medical Treatment Guidelines do not recommend Prozac (Fluoxetine), a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic 2001 injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered since at least October 2012. The Retrospective: Prozac 20mg #30 (DOS 8/26/2015) is not medically necessary and appropriate.

**Retrospective: Wellbutrin XL 150mg #30 (DOS 8/26/2015): 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Although Wellbutrin (Bupropion), a second generation non-tricyclic antidepressant has been shown to be effective in the treatment of neuropathy, there was no evidence of efficacy in patients with non-neuropathic chronic spinal pain. Submitted reports have not adequately demonstrated any specific objective findings of neuropathic pain on clinical examination. There is also no documented failed first-line treatment with tricyclics to support for this second-generation non-tricyclic antidepressant, Wellbutrin that has been non-certified previously. Reports have not shown any functional benefit from previous treatment rendered since at least May 2015 for this chronic 2001 injury. The Retrospective: Wellbutrin XL 150mg #30 (DOS 8/26/2015) is not medically necessary and appropriate.

**Retrospective: Zanaflex 4mg #60 (DOS 8/26/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2001 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use prescribed since at least April 2015. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Retrospective: Zanaflex 4mg #60 (DOS 8/26/2015) is not medically necessary and appropriate.