

<b>Case Number:</b>	CM15-0193721		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 7-30-1998. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, post-lumbar laminectomy syndrome, spinal-lumbar degenerative disc disease, lumbosacral disc degeneration, major depression, single episode, panic disorder without agoraphobia, and generalized anxiety disorder. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker reported the addition of the Mirtazapine at bedtime to be helpful, with his depression noted to be significantly improved with the current treatment being provided. The injured worker was noted to have loss about 80 pounds in the last year which was beneficial for his overall health. The injured worker continued to experience intermittent panic attacks in the morning, and multiple symptoms of a generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. The Physician noted that all of the psychiatric symptoms had improved at least 80% since starting psychiatric treatment. The mental status examination was noted to show the injured worker's mood essentially euthymic and his affect was mood-congruent and appropriate. The injured worker denied suicidal ideation, or visual or auditory hallucinations. The injured worker's thought process was noted to be linear and goal directed with thought content centered around his chronic pain and disability. Judgment and cognition was noted to be intact. The injured worker complained of some problems with short term memory rating his pain as 7 out of 10, noted to be worse than the previous rating of 6 out of 10. The injured worker's self-care and hygiene was noted to have improved 90% since starting treatment, with physical activities

improved by 30%, sensory function-pain improved by 30% and social functioning and concentration improved by 60% since starting treatment. Prior treatments have included three back surgeries extensive physical therapy, and pain management treatment. The treatment plan was noted to include once monthly outpatient psychiatric visits, and continued psychotropic medications of Duloxetine, prescribed since at least 2-28-2015, Wellbutrin, Mirtazapine, prescribed since at least 2-28-2015, Nuvigil, and Cialis, with Elavil and Trazodone discontinued. The injured worker's work status was noted to be unable to perform usual work. The request for authorization dated 9-19-2015, requested Duloxetine 30mg #30, refill 2, Duloxetine 60mg #30, refill 2, and Mirtazapine 30mg #60, refill 2. The Utilization Review (UR) dated 9-25-2015, modified the requests for Duloxetine 30mg #30, refill 2 to approve #15, Duloxetine 60mg #30, refill 2 to approve #15, and Mirtazapine 30mg #60, refill 2 to approve #30.

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

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

**Duloxetine 30mg #30, refill 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006)" 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 lumbar radiculopathy, post-lumbar laminectomy syndrome, spinal-lumbar degenerative disc disease, lumbosacral disc degeneration, major depression, single episode, panic disorder without agoraphobia, and generalized anxiety disorder. The documentation suggests that there has been some improvement in the symptoms, however the injured worker continues to experience intermittent panic attacks in the morning, and multiple symptoms of a generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. The request for another three month supply of the medication is not medically necessary as there is no significant evidence of stability of the current symptoms with the continued treatment with Cymbalta and Mirtazapine.

**Duloxetine 60mg #30, refill 2:** Upheld

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

**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 lumbar radiculopathy, post-lumbar laminectomy syndrome, spinal-lumbar degenerative disc disease, lumbosacral disc degeneration, major depression, single episode, panic disorder without agoraphobia, and generalized anxiety disorder. The documentation suggests that there has been some improvement in the symptoms, however the injured worker continues to experience intermittent panic attacks in the morning, and multiple symptoms of a generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. The request for another three month supply of the medication is not medically necessary as there is no significant evidence of stability of the current symptoms with the continued treatment with Cymbalta and Mirtazapine.

**Mirtazapine 30mg #60, refill 2:** Upheld

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

**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 lumbar radiculopathy, post-lumbar laminectomy syndrome, spinal-lumbar degenerative disc disease, lumbosacral disc degeneration, major depression, single episode, panic disorder without agoraphobia, and generalized anxiety disorder. The documentation suggests that there has been some improvement in the symptoms, however the injured worker continues to experience intermittent panic attacks in the morning, and multiple symptoms of a generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. The request for another three month supply of the medication is not medically necessary as there is no significant evidence of stability of the current symptoms with the continued treatment with Cymbalta and Mirtazapine.