

<b>Case Number:</b>	CM15-0199570		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/05/1989
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 66 year old male who sustained an industrial injury on 12-5-89. The injured worker reported "in pain and depressed". A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculopathy and post lumbar fusion. Medical records dated 9-30-15 indicate pain rated at 5 to 6 out of 10. Provider documentation dated 5-11-15 noted the work status as permanent and stationary. Treatment has included Baclofen since at least March of 2015, Bupropion since at least March of 2015, Diazepam since at least March of 2015, Hydrocodone compound syrup since at least March of 2015, Lyrica since at least March of 2015, Prozac since at least March of 2015, Spinal cord stimulator, radiographic studies, magnetic resonance imaging, Zero gravity chair, aqua therapy, physical therapy, status post laminectomy and fusion, and intrathecal pump. Objective findings dated 9-30-15 were notable for lumbar spine with decreased range of motion, bilaterally tender to lumbar spine with muscle spasms, tremors noted to bilateral upper limbs and right knee in a brace. The original utilization review (9-14-15) partially approved a request for Brintellix 10 mg #30, Oxycodone 10 mg #90 and Wellbutrin XL 150 MG # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brintellix 10 mg #30:** Overturned

**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): Antidepressants for chronic pain.

**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). Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Per the medical records, the injured worker suffers from depression and anxiety secondary to chronic pain. The requested medication is indicated for the injured worker's depression. I respectfully disagree with the [REDACTED] physician's denial based upon a lack of documented functional gains; the guidelines do not mandate this documentation for antidepressants. The [REDACTED] physician has acknowledged that depression has been reduced since beginning antidepressants. The request is medically necessary.

**Oxycodone 10 mg #90:** 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): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on- going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Wellbutrin XL 150 MG # 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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.

**Decision rationale:** The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) Per the medical records, the injured worker suffers from depression and anxiety secondary to chronic pain. The requested medication is indicated for the injured worker's depression. I respectfully disagree with the [REDACTED] physician's denial based upon a lack of documented functional gains; the guidelines do not mandate this documentation. The request is medically necessary.