MAXIMUS Federal Services

Case Number:	CM15-0199635		
Date Assigned:	10/14/2015	Date of Injury:	06/06/2006
Decision Date:	12/17/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/12/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old, male who sustained a work related injury on 6-6-06. A review of the medical records shows he is being treated for depression, anxiety, Chronic Pain Syndrome and a right knee infection. In the Initial Psychiatric Evaluation dated 9-25-15, the injured worker reports right foot pain and rates it a 5 out 10. He got "angry and abruptly left" when this provider stated he could not prescribe Norco. On physical exam dated 9-25-15, he appears irritable at times and calm and collected at times. Treatments have included medications. Current medications include Norco, Bupropion, Fluoxetine and Ambien. She is currently not working. The treatment plan includes requests for refills of medications, medication management sessions and switched Ambien to Trazodone. The Request for Authorization dated 9-25-15 has requests for medication management, Bupropion, Prozac and Trazodone. In the Utilization Review dated 10-7-15, the requested treatments of Bupropion 300mg. #30 x 6 refills is modified to Bupropion 300mg. #30 x 3 weeks, Prozac 40mg. #60 x 6 refills is modified to Prozac 40mg. #60 x 3 refills, Trazodone 100mg. #30 x 6 refills is modified to Trazodone 100mg. x 3 refills. Medication management once per month x 6 months is modified to medication management once per month x 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 300mg #30 x 6 refills: Upheld

Claims Administrator 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), Pain chapter - Bupropion (Wellbutrin).

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

Decision rationale: This 59 year old male has complained of knee pain and right foot pain since date of injury 6/6/2006. He has been treated with physical therapy and medications to include Wellbutrin since at least 03/2014. The current request is for Wellbutrin. Per the MTUS guidelines cited above, anti-depressants 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. 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The available medical records do not adequately document the patient's response to treatment with wellbutrin thus far to include documentation of efficacy in pain outcomes, patient functioning and changes of use in other pain medications. On the basis of the available medical records and per the guidelines cited above, Wellbutrin is not indicated as medically necessary.

Prozac 40mg #60 x 6 refills: Upheld

Claims Administrator 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), Pain chapter.

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

Decision rationale: This 59 year old male has complained of knee pain and right foot pain since date of injury 6/6/2006. He has been treated with physical therapy and medications to include Prozac since at least 03/2014. The current request is for Prozac. Per the MTUS guidelines cited above, anti-depressants 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. 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The available medical records do not adequately document the patient's response to treatment with Prozac thus far to include documentation of efficacy in pain

outcomes, patient functioning and changes of use in other pain medications. On the basis of the available medical records and per the guidelines cited above, Prozac is not indicated as medically necessary.

Trazodone 100mg #30 x 6 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 (ODG), Mental Illness and Stress.

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

Decision rationale: This 59 year old male has complained of knee pain and right foot pain since date of injury 6/6/2006. He has been treated with physical therapy and medications to include anti-depressants since at least 03/2014. The current request is for Trazodone, an antidepressant medication. Per the MTUS guidelines cited above, anti-depressants 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. 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The available medical records do not adequately document the patient's response to treatment with antidepressants thus far to include documentation of efficacy in pain outcomes, patient functioning and changes of use in other pain medications. On the basis of the available medical records and per the guidelines cited above, Trazodone is not indicated as medically necessary.

Medication management once per month x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Harris J, Occupational Medicine practice guidelines, 2nd edition (2004) - pp 405; Hegmann K. Occupational medicine practice guidelines 2nd ed (2008 revision) pp 1068.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: This 59 year old male has complained of knee pain and right foot pain since date of injury 6/6/2006. He has been treated with physical therapy and medications. The current request is for medication management once per month for 6 months. The available medical records do not adequately document provider rationale for the necessity of medication management visits once per month for 6 months. On the basis of the available medical records and per the guidelines cited above, medication management visits once per month for 6 months are not indicated as medically necessary.