

<b>Case Number:</b>	CM15-0202922		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/27/1988
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Expedited	<b>Application Received:</b>	10/15/2015

### 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 59 year old female with date of injury 5/17/1988. She has been diagnosed with Cervical and Lumbosacral radiculopathy secondary to the industrial injury (mechanism unknown). She has undergone treatment with epidural spine injections. Per progress report dated 10/12/2015, she has been diagnosed with Major Depressive Disorder, recurrent, severe. She presented with symptoms of severely depressed mood, mild anxiety, anhedonia, loss of energy, sleep disturbance, feelings of hopelessness, impaired concentration and paranoid thoughts. She is being prescribed Wellbutrin XL 150 mg daily since 10/08/2013, Lamictal 100 mg twice daily, Klonopin 0.5 mg half tablet daily as needed for anxiety, Lunesta 3 mg every night, Topamax 200 mg twice daily. The previous psychiatric reports available for review state the severity of depression to be moderate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Bupropion HCL XL 150mg, DOS: 9/1/15: 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) - TWC Mental Illness & Stress, online version.

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

**Decision rationale:** MTUS states Bupropion (Wellbutrin(R)), a second-generation non-tricyclic anti-depressant (a nor-adrenaline and dopamine re-uptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss. Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005). 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, recurrent, severe per progress report dated 10/12/2015. Per the previous progress reports available for review the severity was rated as moderate. It has been suggested that she has been prescribed Wellbutrin since 10/08/2013. She has continued to experience depressed mood, loss of energy, anhedonia, and sleep disturbance while being continued on this anti-depressant as documented in monthly progress reports by the Psychiatrist. The injured worker has been continued on this medication for about 2 years and there is not much evidence of any subjective or objective functional improvement. Injured worker has continued to suffer with depressive symptoms even though she has been continued on Wellbutrin XL. It is not recommended for the same medication to be continued to be prescribed in the absence of any objective functional improvement. Thus, the request for Bupropion HCL XL 150mg, DOS: 9/1/15 is not medically necessary. Also, to be noted that the request does not specify the quantity being requested.

**Retrospective: Eszopiclone 3mg, DOS: 9/1/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Insomnia Treatment.

**Decision rationale:** MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep

maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side-effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. (Ramakrishnan, 2007)" The injured worker has been prescribed Lunesta on a continued basis as per the progress reports. According to the guidelines stated above, medications are not recommended for long term treatment of insomnia and also Lunesta has potential for abuse, dependency, withdrawal and tolerance. There is also no evidence of objective functional improvement in sleep disturbance with the continued prescription of Lunesta. The monthly progress reports indicate that the injured worker continues to suffer from sleep disturbance. The request also does not specify the quantity being requested. Thus, the request for Retrospective: Eszopiclone 3mg, DOS: 9/1/15 is not medically necessary.