

Case Number:	CM15-0226007		
Date Assigned:	11/24/2015	Date of Injury:	01/31/2012
Decision Date:	12/31/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 35 year old female who sustained an industrial injury on 01-31-2012. According to a progress report dated 11-02-2015, the injured worker remained depressed and was reporting severe symptoms of depression. She was in a psychiatric hospital from 09-08-2015 to 09-29-2015. Medications were being taken as directed and was tolerated well. Mood was depressed. Affect was sad and teary. Diagnoses included major depressive disorder recurrent episode severe with anxious distress, posttraumatic stress disorder, chronic right ulnar neuritis and ulnar nerve decompression at the right wrist in February 2011. Current medications included Aripiprazole, Bupropion XL, Clonazepam, Escitalopram, Gabapentin, Prazosin, Propranolol and Trimethobenzamide. Her condition was improved following hospitalization, but mental stability remained tenuous. Medications refilled included Aripiprazole, Bupropion XL, Clonazepam, Escitalopram, Gabapentin, Prazosin, Propranolol and Trimethobenzamide. The injured worker had reached maximum medical improvement. Follow up was indicated in 1 month. On 11-11-2015, Utilization Review modified the request for Escitalopram 20mg #30 with 2 refills, Aripiprazole 5mg #30 with 2 refills and Bupropion XL 150mg #90 with 2 refills. The request for Clonazepam was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram 20mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors), Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a603005.html>.

Decision rationale: Pursuant to the Official Disability Guidelines and MEDLINE plus, Escitalopram 20 mg, # 30 with two refills is medically necessary. Escitalopram is used to treat depression and generalized anxiety disorder (GAD; excessive worry and tension that disrupts daily life and lasts for 6 months or longer). Escitalopram is in a class of antidepressants called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance. In this case, the injured worker's working diagnoses are major depressive disorder, recurrent episode, severe with anxious distress; posttraumatic stress disorder; chronic right ulnar neuritis; and tachycardia. Date of injury is January 31, 2012. Request for authorization is November 2, 2015. The documentation indicates the injured worker had an inpatient psychiatric hospitalization from September 8, 2015 through September 29, 2010. According to a November 2, 2015 progress note, the injured worker remains depressed. Objectively the injured worker appears depressed, sad and teary. There are no active suicidal ideations. The documentations indicate the injured worker is followed monthly. The documentation indicates the injured worker remains depressed and will likely require ongoing medications. The treating provider requested Escitalopram 20 mg, # 30 with two refills. Based on the injured workers ongoing depression with a recent inpatient hospitalization, Escitalopram 20 mg, # 30 with two refills is clinically indicated. Based on the clinical documentation in the medical record, the peer-reviewed evidence-based guidelines and ongoing symptoms of depression with the recent inpatient hospitalization, Escitalopram 20 mg, # 30 with two refills is medically necessary.

Aripiprazole 5mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a603012.html>.

Decision rationale: Pursuant to Medline plus, Aripiprazole 5 mg, #30 with two refills is medically necessary. Aripiprazole is used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions) in adults and teenagers 13 years of age and older. It is also used alone

or with other medications to treat episodes of mania or mixed episodes (symptoms of mania and depression that happen together) in adults, teenagers, and children 10 years of age and older with bipolar disorder (manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Aripiprazole is also used with an antidepressant to treat depression when symptoms cannot be controlled by the antidepressant alone.

Aripiprazole is also used to treat children 6 to 17 years of age who have autistic disorder (a developmental problem that causes difficulty communicating and interacting with others). Aripiprazole may help control irritable behavior such as aggression, temper tantrums, and frequent mood changes in these children. Aripiprazole is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain. In this case, the injured worker's working diagnoses are major depressive disorder, recurrent episode, severe with anxious distress; posttraumatic stress disorder; chronic right ulnar neuritis; and tachycardia. Date of injury is January 31, 2012. Request for authorization is November 2, 2015. The documentation indicates the injured worker had an inpatient psychiatric hospitalization from September 8, 2015 through September 29, 2010. According to a November 2, 2015 progress note, the injured worker remains depressed. Objectively the injured worker appears depressed, sad and teary. There are no active suicidal ideations. The documentations indicate the injured worker is followed monthly. The documentation indicates the injured worker remains depressed and will likely require ongoing medications. The treating provider requested Aripiprazole 5 mg, #30 with two refills. Based on the injured workers ongoing depression with a recent inpatient hospitalization, Aripiprazole 5 mg, #30 with two refills is clinically indicated. Based on the clinical documentation in the medical record, the peer-reviewed evidence-based guidelines and ongoing symptoms of depression with the recent inpatient hospitalization, Aripiprazole 5 mg, #30 with two refills is medically necessary.

Bupropion XL 150mg #90 with 2 refills: Overturned

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, Pain (Chronic).

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) Pain section, Bupropion (Wellbutrin).

Decision rationale: Pursuant to the Official Disability Guidelines, Bupropion XL 150mg, #90 with two refills is medically necessary. Wellbutrin is recommended as an option after other agents. While Wellbutrin has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Bupropion is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to a tri-cyclic or SNRI (antidepressant). Wellbutrin is a second-generation non-tri-cyclic antidepressants. See the guideline for additional details. In this case, the injured worker's working diagnoses are major depressive disorder, recurrent episode, severe with anxious distress; posttraumatic stress disorder; chronic right ulnar neuritis; and tachycardia. Date of injury is January 31, 2012. Request for authorization is November 2, 2015. The documentation indicates the injured worker had an inpatient psychiatric hospitalization from September 8, 2015 through

September 29, 2010. According to a November 2, 2015 progress note, the injured worker remains depressed. Objectively the injured worker appears depressed, sad and teary. There are no active suicidal ideations. The documentations indicate the injured worker is followed monthly. The documentation indicates the injured worker remains depressed and will likely require ongoing medications. The treating provider requested Bupropion XL 150mg, #90 with two refills. Based on the injured workers ongoing depression with a recent inpatient hospitalization, Bupropion XL 150mg, #90 with two refills is clinically indicated. Based on the clinical documentation in the medical record, the peer-reviewed evidence-based guidelines and ongoing symptoms of depression with the recent inpatient hospitalization, Bupropion XL 150mg, #90 with two refills is medically necessary.