

<b>Case Number:</b>	CM15-0038050		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/23/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70 year old female who sustained an industrial injury on 09/23/1997. Diagnoses include musculoligamentous sprain/strain cervical spine, contusion cervical spine, multiple disc protrusions in the cervical and lumbar spine, status post lumbar fusion with residuals, and exacerbation secondary to new fall x 2-lumbar spine, and broken tooth secondary to fall. She has failed back surgery syndrome, depression, anxiety, and insomnia. Treatment to date has included diagnostics, medications, epidural steroid injections, and physical therapy. A physician progress note dated 01/14/2015 documents the injured worker has pain in the cervical spine and radiating down the left upper extremity and prevents her from adequate sleep. There is restricted range of motion of the cervical and lumbar spine, and diffuse tenderness in the cervical and lumbar spine. She has positive sciatic and femoral tension signs bilaterally, loss of lumbar lordosis and depressed affect and mood. Physician is recommending epidural steroid injections, and medications. Treatment requested is for Ability 5mg, supply 30, quantity 30, 2 refills, Bupropn HCL 300mg XL, supply 30, quantity 30, 2 refills, and Buspirone 10mg, supply 30, quantity 60, 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ability 5mg , supply 30, quantity 30, 2 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 & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter, Aripiprazole (Abilify).

**Decision rationale:** The patient presents with neck pain radiating into the left upper extremity and low back pain. The request is for Abilify 5 mg supply 30 quantity 30 2 refills. Patient is status post lumbar fusion surgery, date unspecified. Physical examination to the cervical spine on 10/01/14 revealed tenderness to palpation with spasms and decreased sensation over the C3-C7 dermatomes. MRI of the cervical spine on 03/23/09 showed 4-5 mm central left lateral recess and foraminal extrusion at C4-5 and 4-5 mm left central extrusion which moderately flattens the left anterior cord at C5-6. Patient's treatments have included physical therapy, lumbar and cervical ESIs. Per 11/05/14 progress report, patient's diagnosis include musculoligamentous sprain/strain, cervical spine, contusions, cervical spine, multiple disc protrusions, cervical spine per MRI scan, 4-5 mm central, left lateral recess and foraminal extrusion at C4-5, 4-5 mm left central extrusion which moderately flattens the left anterior cord at C5-6, 3 mm central protrusion at C3-4, multiple disc protrusions, lumbar spine, status post lumbar fusion, with residuals, exacerbation secondary to new falls x 2, lumbar spine, broken tooth, secondary to most recent fall, central extruded herniated nucleus pulposus, L4-5 with a rostral to caudal extent of 8 mm, the AP diameter along with listhesis measures 7 mm, per MRI scan, anterolisthesis 1.1 cm at the L4-5 level, failed back surgery syndrome, depression and anxiety, and insomnia. Patient's medications, per 12/03/14 progress report include Norco and Zanaflex. Patient's work status was not specified. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify)Section states: "Not recommended as a first-line treatment. Abilify(aripiprazole) is an antipsychotic medication. Antipsychoticsare the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." The treater does not discuss this request. In review of the medical records provided, there were no records indicating prior use of this medication. Patient's diagnosis included depression and anxiety. ODG guidelines do not recommend Abilify as first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Furthermore, this medication is recommended for schizophrenia, which is not indicated in patient's diagnosis. Therefore, the request IS NOT medically necessary and appropriate.

**Bupropn HCL 300mg XL, supply 30, quantity 30, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Medications for chronic pain Page(s): 13-16, 60.

**Decision rationale:** The patient presents with neck pain radiating into the left upper extremity and low back pain. The request is for Bupropion Hcl 300 mg xl supply 30 quantity 30 2 refills. Patient is status post lumbar fusion surgery, date unspecified. Physical examination to the cervical spine on 10/01/14 revealed tenderness to palpation with spasms and decreased sensation over the C3-C7 dermatomes. MRI of the cervical spine on 03/23/09 showed 4-5 mm central left lateral recess and foraminal extrusion at C4-5 and 4-5 mm left central extrusion, which moderately flattens the left anterior cord at C5-6. Patient's treatments have included physical therapy, lumbar and cervical ESIs. Per 11/05/14 progress report, patient's diagnosis include musculoligamentous sprain/strain, cervical spine, contusions, cervical spine, multiple disc protrusions, cervical spine per MRI scan, 4-5 mm central, left lateral recess and foraminal extrusion at C4-5, 4-5 mm left central extrusion which moderately flattens the left anterior cord at C5-6, 3 mm central protrusion at C3-4, multiple disc protrusions, lumbar spine, status post lumbar fusion, with residuals, exacerbation secondary to new falls x 2, lumbar spine, broken tooth, secondary to most recent fall, central extruded herniated nucleus pulposus, L4-5 with a rostral to caudal extent of 8 mm, the AP diameter along with listhesis measures 7 mm, per MRI scan, anterolisthesis 1.1 cm at the L4-5 level, failed back surgery syndrome, depression and anxiety, and insomnia. Patient's medications, per 12/03/14 progress report include Norco and Zanaflex. Patient's work status was not specified. MTUS guidelines under: Specific Antidepressants, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." The treater does not discuss this request. In review of the medical records provided, there were no records indicating prior use of this medication. Per 11/05/14 progress report, patient's diagnosis included depression and anxiety. The medical records document that the patient suffers from chronic neck pain radiating to the left upper extremity and low back pain. The use of anti-depressant and anti-anxiety medication would be reasonable given the patient's chronic pain along with depression/anxiety. However, none of the reports indicate its efficacy. There is no discussion regarding pain and functional benefits from the use of this medication. MTUS p60 require recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

**Buspirone 10mg , supply 30, quantity 60, 2 refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter under Anxiety medications in chronic pain.

**Decision rationale:** The patient presents with neck pain radiating into the left upper extremity and low back pain. The request is for Buspirone 10 mg supply 30 quantity 60 2 refills. Patient is status post lumbar fusion surgery, date unspecified. Physical examination to the cervical spine on 10/01/14 revealed tenderness to palpation with spasms and decreased sensation over the C3-C7

dermatomes. MRI of the cervical spine on 03/23/09 showed 4-5 mm central left lateral recess and foraminal extrusion at C4-5 and 4-5 mm left central extrusion, which moderately flattens the left anterior cord at C5-6. Patient's treatments have included physical therapy, lumbar and cervical ESIs. Per 11/05/14 progress report, patient's diagnosis include musculoligamentous sprain/strain, cervical spine, contusions, cervical spine, multiple disc protrusions, cervical spine per MRI scan, 4-5 mm central, left lateral recess and foraminal extrusion at C4-5, 4-5 mm left central extrusion which moderately flattens the left anterior cord at C5-6, 3 mm central protrusion at C3-4, multiple disc protrusions, lumbar spine, status post lumbar fusion, with residuals, exacerbation secondary to new falls x 2, lumbar spine, broken tooth, secondary to most recent fall, central extruded herniated nucleus pulpous, L4-5 with a rostral to caudal extent of 8 mm, the AP diameter along with listhesis measures 7 mm, per MRI scan, anterolisthesis 1.1 cm at the L4-5 level, failed back surgery syndrome, depression and anxiety, and insomnia. Patient's medications, per 12/03/14 progress report include Norco and Zanaflex. Patient's work status was not specified. ODG-TWC, Pain (Chronic) Chapter under Anxiety medications in chronic pain states: "(1) Generalized Anxiety Disorder (GAD): GAD is characterized by anxiety/tension, excessive worry, restlessness, fatigability, poor concentration, irritability, muscle tension and poor sleep. Treatment for GAD is patient specific and the following serves only as a guide in providing pharmacotherapy. Some patients may require adjunctive psychotherapy, such as cognitive behavioral therapy (CBT) or may prefer psychotherapy, instead of pharmacotherapy. (Zwanzger, 2008) SSRIs or SNRIs are typically first line agents for GAD. (c) 5-HT1A Agonist: Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. (Chessick, 2006)" The treater does not discuss this request. In review of the medical records provided, there were no records indicating prior use of this medication. Per 11/05/14 progress report, patient's diagnosis included depression and anxiety. The medical records document that the patient suffers from chronic neck pain radiating to the left upper extremity and low back pain. In progress report dated 11/05/14, it is stated that patient's ability to concentrate is 5/10 and her relations with other people is 5/10. In this case, the request appears reasonable. Therefore, it IS medically necessary.