

Case Number:	CM15-0040605		
Date Assigned:	03/10/2015	Date of Injury:	06/22/2007
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/03/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old female, who sustained an industrial injury on 06/22/2007. Initial complaints and diagnoses were not provided. The injured worker's current diagnoses include chronic low back pain with post-laminectomy syndrome, adjustment disorder with depressed and anxious mood, major depressive disorder, and pain disorder associated with both psychological factors and general medical condition. Treatment to date has included conservative care, medications, acupuncture, physical therapy, psychological therapy and treatment, and participation in a functional restoration program. Currently, the injured worker reported improvement in depression and mood symptoms and attributed the improvement to her current regimine, which includes Brintellix and Wellbutrin. The injured worker reported spending less time in bed and feeling more motivated since starting this medication although she had experienced some headaches and nausea with this medication. The treatment plan included continued medications, including Brintellix 5mg every morning and Wellbutrin 450mg every morning, continued cognitive behavioral therapy and follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 5mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SSRIs.

Decision rationale: Brintellix (vortioxetine) is selective serotonin reuptake inhibitors (SSRI). The MTUS notes that selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. The ODG guidelines note that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. In this case the use of Brintellix appears to be for major depressive disorder which is secondary to her chronic pain condition. The Utilization Review on 2/16/15 noted that there was no documentation of efficacy. The treatment note of 3/6/15 documents that the medications (Brintellix and Wellbutrin) have been helpful for the depressive symptoms and the injured worker desired to continue the medications due to their efficacy. Some side effects were reported but are apparently tolerated. Given the reported improvement and indication for psychological symptoms associated with chronic pain, the prior UR decision is reversed. The request for Brintellix 5mg quantity 30 is medically necessary.

Wellbutrin 450mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16 and 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bupropion and antidepressants for treatment of major depressive disorder.

Decision rationale: The MTUS notes that bupropion (Wellbutrin) is recommended as an option after other agents. Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake 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)The ODG guidelines note that bupropion is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. In addition to the SSRIs, other antidepressant medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and venlafaxine. Another group of antidepressant medications, called monoamine oxidase inhibitors (MAOIs), are not recommended as a primary treatment option, because they are associated with serious side effects, and they necessitate dietary restrictions. This category of medication should be considered only for cases that do not respond to other options. The FDA has concluded that the generic drug Budeprion XL (bupropion hydrochloride) cannot be considered therapeutically equivalent to the brand-name product Wellbutrin. (Woodcock, 2012) In this case the use of Wellbutrin appears to be for major depressive disorder which is secondary to her chronic pain condition. The Utilization Review on 2/16/15 noted that there was no documentation of efficacy. The treatment note of 3/6/15 documents that the medications (Bintellix and Wellbutrin) have been helpful for the depressive symptoms and the injured worker desired to continue the medications due to their efficacy. Some side effects were reported but are apparently tolerated. Given the reported improvement and indication for psychological symptoms associated with chronic pain and major depressive disorder, the prior UR decision is reversed. The request for Wellbutrin 450mg quantity 30 is medically necessary.