

<b>Case Number:</b>	CM15-0043555		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/05/2005
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 33-year-old female who sustained an industrial injury on 08/05/2005. Her injury occurred when a can of paint dropped on her head. Diagnoses include major depression. Treatment to date has included medications, and psychiatric and psychological treatment. A physician progress note dated 12/30/2015 documents the injured worker is very depressed. The injured worker is very anxious and tearful. She states she is very isolative, and not able to go to any more evaluations, or social activities with her children. Injured worker is to continue current medication regimen uninterrupted, to avoid acute decompensation and deleterious effects of stopping any of her meds abruptly. Treatment requested is for Cymbalta 60mg #30 with 3 refills, Klonopin 0.5mg #30 with 3 refills, and Wellbutrin XL 150mg #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27.

**Decision rationale:** Per California MTUS Guidelines, Bupropion (Wellbutrin) is recommended as an option after other agents. While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, 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. In this case, there is documentation the claimant has significant depression and anxiety. There is evidence of objective functional benefit with prior medication use and the claimant continues under the care of a mental health specialist. The medical necessity for Wellbutrin has been established. The requested medication is medically necessary.

**Cymbalta 60mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress Chapter, Anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, SNRI's Page(s): 13, 15-16.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is documentation the claimant has significant depression and anxiety. There is evidence of objective functional benefit with prior medication use and the claimant continues under the care of a mental health specialist. The medical necessity for Cymbalta has been established. The requested medication is medically necessary.

**Klonopin 0.5mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines: Benzodiazepines.

**Decision rationale:** According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Klonopin is an intermediate-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines

recommend the use of Klonopin for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There is no documentation provided indicating the necessity for long-term benzodiazepine use. In addition, there are no guideline criteria that support the long-term use of benzodiazepines. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.