

<b>Case Number:</b>	CM15-0047279		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 52 year old male, who sustained an industrial injury on 7/27/11. He reported head injury. The injured worker was diagnosed as having posttraumatic head syndrome with significant headaches, cervical disc osteophyte, cervicogenic headache and cervical myofascitis. He was also seen by a psychiatrist who diagnosed him with major depression, generalized anxiety disorder, and psychological factors affecting medical condition. Treatment to date has included (MRI) magnetic resonance imaging of cervical spine, oral medications including opioids, activity restrictions and cervical epidural steroid injection. Currently, the injured worker complains of headaches, neck pain and numbness in right upper extremity. The injured worker states the epidural steroid injection relieved neck pain significantly for approximately one week, but did not last. The treatment plan is to continue oral medications (including psychiatric medications), increasing Gabapentin and to follow up with physicians.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 10mg, 1 tablet two (2) times per day, #60:** 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, Anxiety medications in chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Buspirone (<http://reference.medscape.com/drug/buspar-buspirone-342913>).

**Decision rationale:** Buspirone is not discussed in the MTUS Guidelines. Buspirone is a non-benzodiazepine anxiolytic used as a secondary agent to treat chronic anxiety. First line therapy for anxiety are SSRIs, but buspirone may be considered in some individuals who cannot tolerate SSRIs. Buspirone is not likely to be helpful in those who have used benzodiazepines chronically. In the case of this worker, there was documentation of improvements in clearer thinking, increased motivation, less defensiveness, and less hopelessness with the use of his psychiatric medications, including Buspar for anxiety. Considering this documented report and that the worker has been stable on the current medication regimen without any reported side effects so far, the request for Buspar will be considered medically necessary to continue.

**Risperdal 0.5mg 1 tablet every bedtime #30:** 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), Mental Illness & Stress, Risperidone (Risperdal).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388-398. Decision based on Non-MTUS Citation ODG, Mental Illness section, Atypical antipsychotics.

**Decision rationale:** The MTUS ACOEM Guidelines do not discuss risperidone specifically, but does discuss using medications to treat psychological disorders. It states that a specialty referral may be necessary in cases of severe depression and schizophrenia or if mild to moderate psychological disorders continue to be uncontrolled after having been treated by the primary doctor for 6-8 weeks. Treatment with antipsychotic medications, which are used for severe psychiatric conditions, and sometimes for severe depression, is best done in conjunction with a specialty referral, and should be prescribed by a psychiatrist as it carries with it potentially serious side effects that should be considered before initiating it. The ODG also states that antipsychotic medication is not recommended as a first-line treatment, and using them as part of plan to treat depression provides only limited improvements, according to the latest research, and improved functioning with their use is minimal to none. In the case of this worker, there was documentation of improvements in clearer thinking, increased motivation, less defensiveness, and less hopelessness with the use of his psychiatric medications, including Risperdal, which was an adjunct to his anti-depressant, Wellbutrin. Considering this documented report and that the worker has been stable on the current medication regimen without any reported side effects so far, the request for Risperdal will be considered medically necessary to continue.

**Wellbutrin 100mg, 1 tablet at AM & 1 at Noon, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pp. 13-16, AND Bupropion, p. 27.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Bupropion has been shown to help relieve neuropathic pain and may be recommended as a third line medication for neuropathy who may have not had a response to a tricyclic or SNRI. Bupropion is also recommended as a first-line treatment option for major depressive disorder. In the case of this worker, there was documentation of improvements in clearer thinking, increased motivation, less defensiveness, and less hopelessness with the use of his psychiatric medications, including Wellbutrin for depression. Considering this documented report and that the worker has been stable on the current medication regimen without any reported side effects so far, the request for Wellbutrin will be considered medically necessary to continue.