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| <b>Case Number:</b>   | CM15-0048880 |                              |            |
| <b>Date Assigned:</b> | 03/20/2015   | <b>Date of Injury:</b>       | 06/30/2003 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 02/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/16/2015 |

### 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: Arizona, Michigan  
 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 59-year-old female, who sustained an industrial injury on 06/30/2003. She has reported injury to the low back. The diagnoses have included lumbar post-laminectomy syndrome; lower extremity neuropathy and radiculopathy; major depression; anxiety disorder; and insomnia. Treatment to date has included medications; trigger point injections of the lumbar spine; permanent spinal cord stimulator; psychotherapy sessions; and surgical intervention. A progress report from the treating provider, dated 02/03/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of severe pain in the back and extremities; depression; anxiety; tension; and lack of energy and motivation. Objective findings included crying spells and impaired memory and concentration. The treatment plan included prescription medications. The current request is for Cymbalta; Abilify; Ambien; Trazadone; Wellbutrin; Tranxene; and three sessions of psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg, sixty count with 11 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

**Decision rationale:** Per the MTUS, Cymbalta is "recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy." A review of the injured workers medical records reveal a history of chronic pain with co-morbid psychiatric illness and while the use of Cymbalta is medically appropriate, due to the need for ongoing evaluation of effectiveness and adverse effects, 11 refills is not medically necessary.

**Abilify 5 mg, thirty count with 11 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Aripiprazole (Abilify).

**Decision rationale:** The MTUS did not specifically address the use of Abilify in the injured worker and therefore other guidelines were consulted. Per the ODG, Abilify is "not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014)" A review of the injured workers medical records reveal a history of chronic pain with co-morbid psychiatric illness and while the use of Abilify may be medically appropriate, due to the need for ongoing evaluation of effectiveness and adverse effects, 11 refills is not medically necessary.

**Ambien 10 mg, thirty count with eleven 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Zolpidem (Ambien).

**Decision rationale:** The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. However, given the risks there is no clear indication for ambien 10mg thirty count with 11 refills in the injured worker, the risks outweigh the benefits therefore the request, this medication is not recommended for long term use and therefore the request for Ambien 10mg, thirty count with eleven refills is not medically necessary.

**Trazadone 150 mg, ninety count with eleven 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress / Trazodone (Desyrel).

**Decision rationale:** The MTUS /ACOEM did not specifically address the use of trazodone. Therefore, other guidelines were consulted. Per the ODG, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. However, a review of the injured workers medical records did not reveal a clear indication for the use of trazodone and due to the need for ongoing evaluation of effectiveness and adverse effects the request for Trazadone 150 mg, ninety count with eleven refills is not medically necessary.

**Wellbutrin 450 mg, thirty count with eleven 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Bupropion (Wellbutrin).

**Decision rationale:** Per the MTUS, Bupropion 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. Per the ODG, it is recommended as a first-line treatment option for major depressive disorder. FDA has concluded that the generic drug Budeprion XL (bupropion hydrochloride) cannot be considered therapeutically equivalent to the brand-name product Wellbutrin. A review of the injured workers medical records reveal a history of chronic pain with co-morbid psychiatric illness and while the use of bupropion may be medically appropriate. The injured worker is on multiple antidepressants and there is no documentation of effectiveness or side effects, due to the need for ongoing evaluation of effectiveness and adverse effects, 11 refills is not medically necessary.

**Tranxene 75 mg, sixty count with eleven 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), Pain (Chronic) Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS does not recommend long-term use of benzodiazepines, long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety; a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records reveal a history of chronic pain with co-morbid psychiatric illness and while the use of Tranxene may be medically appropriate, the injured worker is on multiple antidepressants and there is no documentation of effectiveness or side effects, due to the need for ongoing evaluation of effectiveness and adverse effects, 11 refills is not medically necessary.

**Three sessions of psychotherapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

**Decision rationale:** Per the MTUS, Psychological treatments are recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. A review of the injured workers medical records reveal an hx of chronic pain with co-morbid psychiatric illness, she is on multiple psychotropic medications as well as pain medications, she is continuing to have severe pain and psychiatric manifestations and in her case, additional psychotherapy is medically appropriate. Therefore, the request for three sessions of psychotherapy is medically necessary.