MAXIMUS Federal Services

Case Number:	CM14-0118351		
Date Assigned:	08/06/2014	Date of Injury:	06/22/2009
Decision Date:	10/06/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/26/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 53-year-old female with complaint of Major depressive disorder, recurrent, severe; Panic disorder with agoraphobia; Pain disorder associated with both pyschological factors and a General Medical Condition; Industrial cumulative trauma overuse disorder; chronic recurrent cervical strain injury; chronic right shoulder impingement syndrome; bilateral thumb CMC joint arthritis, industrially aggravated; status post right thumb basilar arthroplasty (08/03/10); status post revision surgery right thumb, capsulectomy of the MCP joint with tenolysis and reconstruction of collateral ligaments (03/01/11); status post left first basilar arthroplasty (2012); status post right shoulder arthroscopy with rotator cuff repair, subacromial decompression and biceps tenotomy (06/03/14); Hypertension, non-industrial; Obesity, moderate; Migraine headache, by history associated with an industrial injury date of 06/22/2009.Medical records from 2013 to 2014 were reviewed. Latest progress report of 06/19/14 showed that patient had right shoulder pain with limited ROM. Also with report of poor grip and grasp with weakness and tendency to drop things. Physical examination of the right shoulder showed tenderness at the bicipital groove, with decreased strength of the infraspinatus and supraspinatus, with ability to elevate to only about 90 degrees. The thumbs likewise have limited ROMs but were non-tender. Diagnosis was s/p arthroscopic rotator cuff repair, right shoulder; possible residual right shoulder impingement syndrome, possible residual rotator cuff tear, with treatment plan of physical therapy and medications for pain. The latest report with regards to patient's psychiatric status was provided by a progress report done 06/05/14 that revealed patient had further weight gain and noted the addition of Bupropion to her medication which patient states helped with her mood, energy and attention, although patient still sleeps a lot and still avoids leaving the house intermittently. The psychotherapy focused on her daughter's move and her loneliness and her approach to completing all of the recent medical evaluations without sabotaging her evaluations

due to her frustrations at having so many appointments. There is still some report of early morning awakenings with trouble resuming sleep. Objective findings included adequate grooming, casually dressed, overweight, cooperative, with mild psychomotor retardation, with persistent depressed mood. Patient denies suicidal ideation and had fair insight. No gross cognitive deficits were elicited during the examination. Treatment plan was to continue medications with titration of Bupropion from 150mg to 300mg OD. Treatment to date has included physical therapy, surgery, counselling programs and medications (Venlafaxine, Lamotrigine, Zolpidem, Alprazolam, Lamictal, Tinazidine, Omeprazole starting at least 2013 and Bupropion starting 03/13/14).Utilization review dated 06/26/14 modified the request for Bupropion XL 300mg every morning #30 per month for 24 months to Bupropion XL 300mg every morning #30 per month for 1 month instead. The clinical documentations indicate that the patient had symptoms compatible with MDD and she reported improvements in functioning resulting from the use of the medication. Also noted was the titration of Bupropion to a higher dose and therefore a 24-month refill would not allow for a reasonable re-assessment and evaluation of the patients titration trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buproprion XL 300mg Every Am; Dispense 30 Per Month X 1 Month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Bupropion, Antidepressants for MDD

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. "Antidepressants are recommended for initial treatment of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression". Bupropion is considered as a first-line agent for the treatment of depression. In this case, patient was started on Bupropion since 03/13/14 as treatment for depression. Patient self-reports noted improvement in her mood, energy and attention with the use of Bupropion XL. The severity of the patient's symptoms classified her as severe and necessitates the use of medication, and SNRI, particulary Bupropion is appropriate for treatment of her condition. However, patient is currently undergoing titration of Bupropion to a higher dose hence the initial prescription for 24 month refill would preclude the necessary re-assessment and evaluation of the titration trial and its effects on the patient's symptoms. There would be no way to determine the on-going efficacy and support of continued

treatment with Bupropion. Therefore, the request for Bupropion XL 300mg every am, dispense 30 per month for 1 month is not medically necessary.