

Case Number:	CM14-0120316		
Date Assigned:	09/24/2014	Date of Injury:	06/14/2011
Decision Date:	10/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/30/2014

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 Psychiatry and is licensed to practice in California. 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:

Injured worker is a 61 year old female with date of injury 6/14/2011. Date of the UR decision was 7/8/2014. She suffered from sprain of rotator cuff injury and shoulder pain and has undergone medication treatment and cortisone injections. Psychological report dated 6/20/2014 listed that she received approval for shoulder surgery. It was indicated that she was experiencing family stressors. She has been diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, Female hypoactive sexual desire disorder and Insomnia. The medications prescribed for the injured worker at that visit were Wellbutrin XL 150 mg in mornings and Trazodone 50 mg at bedtime. Report dated 4/8/2014 states that she was continuing to have pain. She was being prescribed Ultram, Ibuprofen, Prilosec and Cyclobenzaprine cream. Report dated 1/17/2014 also suggested that the Wellbutrin and Trazodone were being continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental illness & stress

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

Illness; Bupropion (Wellbutrin®), Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: MTUS talks about use of Bupropion in chronic neuropathic pain but is silent regarding its use in depression. ODG states Bupropion (Wellbutrin) is Recommended as a first-line treatment option for major depressive disorder. It also states "Antidepressants for treatment of MDD (major depressive disorder). Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. The submitted documentation reveals the diagnosis of Major Depressive Disorder and Generalized Anxiety Disorder. The progress reports from the last 6 months indicate that the injured worker has been continued on same doses of Wellbutrin and Trazodone and continues to be symptomatic. There is no evidence of objective functional improvement with the treatment. Also, there is no AME evaluation in the report that would suggest that the psychological symptoms are related to the industrial injury. Thus, the request for Wellbutrin 150 mg #30 is not medically necessary.

Trazodone 50 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental illness & stress procedure summary

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 < Trazodone (Desyrel)

Decision rationale: ODG states that Trazodone (Desyrel): Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression 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. To date, there has been only one randomized, double blind, placebo-controlled trial studying trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazodone and zolpidem during week one, but during week two the trazodone group did not differ significantly from the placebo group whereas the zolpidem group demonstrated significant improvement compared to placebo for sleep latency and sleep duration. (Walsh, 1998). The AHRQ Comparative Effectiveness Research on insomnia

concludes that trazodone is equal to zolpidem. (AHRQ, 2008) Evidence for the off-label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. (Mendelson, 2005). The submitted documentation reveals the diagnosis of Major Depressive Disorder and Generalized Anxiety Disorder. The progress reports from the last 6 months indicate that the injured worker has been continued on same doses of Wellbutrin and Trazodone and continues to be symptomatic. There is no evidence of objective functional improvement with the treatment. Also, there is no AME evaluation in the report that would suggest that the psychological symptoms are related to the industrial injury. Thus, the request for Trazodone 50 mg #30 is not medically necessary.