

Case Number:	CM15-0114299		
Date Assigned:	06/22/2015	Date of Injury:	10/04/2007
Decision Date:	07/27/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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 York

Certification(s)/Specialty: Anesthesiology

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(n) 51 year old male, who sustained an industrial injury on 10/4/07. He reported pain in his bilateral shoulders, neck and back related to cumulative trauma. He subsequently developed anxiety and was seen in the emergency department in 3/2015 for a panic attack. The injured worker was diagnosed as having major depression, insomnia, cervical radiculitis and status post cervical fusion. Treatment to date has included psychiatric treatments, physical therapy, chiropractic treatments and oral pain medications. The injured worker has been taking Wellbutrin, Seroquel, Trazodone and Xanax since at least 1/20/15. As of the PR2 dated 5/1/15, the injured worker reports depression, insomnia and anxiety are reduced. The treating physician noted that the injured worker's judgment and insight are intact and he exhibits a less anxious and dysphoric mood. The treating physician requested Wellbutrin 200mg #60, Seroquel 50mg #60, Trazodone 100mg #60 and Xanax 2mg #90 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 200mg, #60 (1 tablet orally every morning): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain; Bupropion (Wellbutrin) Page(s): 13-16.

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

Decision rationale: Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that 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, the patient has major depression and Wellbutrin is part of his medical regimen. Medical necessity for the requested medication is established. The requested medication is medically necessary.

Trazodone 100mg, #60 (2 tablets at bedtime): 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 and stress, Trazodone (Desyrel).

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, Trazadone.

Decision rationale: Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In this case, there is documentation of a history of depression and insomnia. Medical necessity of the requested medication has been established. The requested medication is medically necessary.

Xanax 2mg, #90 with 1 refill (1 tablet 3 times a day as needed): Upheld

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

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

Decision rationale: Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four (4) weeks. The documentation indicates the patient has depression and anxiety. The guidelines recommend that a more appropriate treatment for an anxiety and depression disorder would be an antidepressant, which this patient is currently taking. It has been noted that all of his medications, including Xanax, have been beneficial in the treatment of his mental health conditions. However, per California MTUS guidelines, benzodiazepines 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. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Seroquel 50mg, #60 (1-2 tablets at bedtime as needed): 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 and stress, Atypical Antipsychotics.

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

Decision rationale: According to ODG, Seroquel (Quetiapine) is an atypical anti-psychotic medication. Anti-psychotic drugs are not recommended as first-line treatment to treat behavioral problems. There is insufficient evidence to recommend atypical anti-psychotics, such as, Seroquel, for conditions covered in ODG. There is evidence to recommend atypical anti-psychotics for the treatment of depression. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In this case, the patient is under the care of a psychiatrist and there is documentation that his condition is stable on his present medical regimen. Medical necessity for the requested medication has been established. The requested medication is medically necessary.