

Case Number:	CM15-0122878		
Date Assigned:	07/16/2015	Date of Injury:	10/04/2004
Decision Date:	08/19/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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 57 year old, female who sustained a work related injury on 1/3/06. The diagnosis has major depressive disorder. Treatments have included medications, physical therapy, home exercises and heat therapy. In the Follow-Up Psychopharmacology Evaluation of High Complexity note dated 3/23/15, the injured worker states she is to start weekly psychotherapy sessions. She complains of a shifted day-night cycle. She reports falling asleep. Her mood appears anxious and depressed. She is sad. Insomnia is being addressed with the use of Trazodone and clonazepam. Her insomnia is exacerbated by the combination of Phentermine and Bupropion. There is no documented working status. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 10mg tablets at bedtime #90 refill; 2: 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 & stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRIs and Other Medical Treatment Guidelines The Carlat Report, Psychiatry, Antidepressant Roundup, 2011.

Decision rationale: Viibryd (Vilazodone) is a selective serotonin reuptake inhibitor (SSRI) and 5-HT_{1A} receptor partial agonist indicated for the treatment of depression and post-traumatic stress disorder. Selective serotonin re-uptake inhibitors (SSRIs), such as Viibryd, are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Viibryd was found to be no more effective than any of its competitors, most of which are available generically at a fraction of the cost. Prescribing physicians should provide the indication for these medications. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In this case, there is documentation that the patient has a diagnosis of depression and is under the care of a psychiatrist. There are no data showing that Viibryd is better than any other antidepressant for either anxiety or depression. There is documentation of medical need to continue an antidepressant. However, medical necessity for this requested medication has not been established. The requested medication is not medically necessary.

Bupropion LX 300mg tablet every AM #30 refills; 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Bupropion Page(s): 13-16, 27.

Decision rationale: Per CA MTUS guidelines, Bupropion (Wellbutrin) is a second-generation non-tricyclic antidepressant "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 serotonin and norepinephrine reuptake inhibitors (SNRI)." Considered an anti- depressant medication, it also has analgesic effects. "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed." Her insomnia is made worse with the use of this medication in combination with another medication. There is insufficient documentation of neuropathic pain. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Trazodone 200mg tablet at bedtime #30 refills; 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 13-16.

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

Decision rationale: According to the ODG, Trazodone (Desyrel) is a sedative hypnotic. It is not recommended for long-term use but is recommended for short-term use. It is discouraged in the chronic phase of injury and pain. "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year." This medication was ordered for her insomnia. The patient still has ongoing insomnia issues. There is no documentation indicating that this medication has been proven to be beneficial for the treatment of her condition. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Klonopin 1 mg 1 tablet at bedtime #30 refills; 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 13-16.

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

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They 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. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. In this case, there is documentation that the patient has depression and anxiety. She is under the care of a psychiatrist and Klonopin is part of her medical regimen. Medical necessity for the requested medication has been established. The requested medication is medically necessary.