

<b>Case Number:</b>	CM15-0147833		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

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

This 53-year-old male sustained an industrial injury to the back on 7-30-98. Previous treatment included major back surgery times three, spinal cord stimulator, pain management, physical therapy and medications. The injured worker was currently receiving ongoing psychiatric treatment for major depression. In a PR-2 dated 7-13-15, the injured worker reported doing better with recent adjustment in medications. The physician noted that the injured worker's depression had significantly improved with current treatment. His crying spells had ceased and he was more able to take pleasure in activities. The injured worker had had a weight loss of about 80 pounds in the last year. The injured worker continued to experience intermittent panic attacks and multiple symptoms of generalized anxiety including restlessness, muscle tension, excessive worrying, impaired sleep and impaired ability to concentrate. The injured worker was well groomed, well dressed, and cooperative with good eye contact and fluent speech. The injured worker's mood was euthymic with appropriate mood and intact judgment. Current diagnoses included lumbar radiculopathy, lumbar post laminectomy syndrome, lumbar spine degenerative disc disease, major depression, single episode, panic disorder without agoraphobia and generalized anxiety disorder. The treatment plan included monthly psychiatric visits, continuing pain medications and continuing psychotropic medications (Duloxetine, Wellbutrin XL, Remeron, Nuvigil and Cialis).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 30 mg take 1 daily #30 ref: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 16-17.

**Decision rationale:** The patient presents with back pain radiating down both legs. He has been suffering from chronic symptoms of major depression as a consequence of his work injury and resulting chronic back pain. The request is for Duloxetine 30 mg take 1 daily #30 ref: 3. The request for authorization is not provided. The patient is status post 3 back surgeries with first surgery in 2002. His depression has significantly improved with current treatment being provided. His crying spells have ceased and he is more able to take pleasure in activities. Patient continues to experience intermittent panic attacks, in the morning. He also experiences multiple symptoms of generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. He denies suicidal ideation. He denies auditory or visual hallucinations. His thought process is linear and goal-directed, and thought content centered around his chronic pain and disability. His judgment is intact. He is alert and oriented x 3, and his cognition is grossly intact. Registration and immediate recall are within normal limits, but he complains of some problems with short-term memory. Long-term memory is normal. Patient's medications include Duloxetine, Wellbutrin, Mirtazapine, Nuvigil, Cialis, Flexeril, Colase, Oxycontin, Voltaren Gel, Flector Patch, Norco and Promethazine. Per progress report dated 07/20/15, the patient is permanent and stationary. For Cymbalta, the MTUS guidelines page 16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." Per progress report dated 07/13/15, treater's reason for the request is "anti-depressant also effective for moderation of pain complaints. Patient has had reasonably good results with these medication-improved ADLs, more active and less socially isolate." The patient has been prescribed Duloxetine since at least 01/24/15. The patient presents with neuropathic pain, radicular symptoms and major depression. In this case, adequate documentation has been provided including functional measures that show significant improvement. However, the request indicates 3 refills. Per progress report dated 07/13/15, treater notes, "Treatment Plan: outpatient psychiatric visits, once monthly (effective to 9/15/15)." The treater does not discuss or explain why 3 refills are needed if patient is to return for follow up in one month. The request does not meet guidelines indication. Therefore, the request is not medically necessary.

**Duloxetine 60mg take 1 daily #30 ref: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Duloxetine (Cymbalta) Page(s): 16-17.

**Decision rationale:** The patient presents with back pain radiating down both legs. He has been suffering from chronic symptoms of major depression as a consequence of his work injury and resulting chronic back pain. The request is for Duloxetine 60mg take 1 daily #30 ref: 3. The request for authorization is not provided. The patient is status post 3 back surgeries with first surgery in 2002. His depression has significantly improved with current treatment being provided. His crying spells have ceased and he is more able to take pleasure in activities. Patient continues to experience intermittent panic attacks, in the morning. He also experiences multiple symptoms of generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. He denies suicidal ideation. He denies auditory or visual hallucinations. His thought process is linear and goal-directed, and thought content centered around his chronic pain and disability. His judgment is intact. He is alert and oriented x 3, and his cognition is grossly intact. Registration and immediate recall are within normal limits, but he complains of some problems with short-term memory. Long-term memory is normal. Patient's medications include Duloxetine, Wellbutrin, Mirtazapine, Nuvigil, Cialis, Flexeril, Colase, Oxycontin, Voltaren Gel, Flector Patch, Norco and Promethazine. Per progress report dated 07/20/15, the patient is permanent and stationary. For Cymbalta, the MTUS guidelines page 16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." Per progress report dated 07/13/15, treater's reason for the request is "anti-depressant also effective for moderation of pain complaints. Patient has had reasonably good results with these medication-improved ADLs, more active and less socially isolate." The patient has been prescribed Duloxetine since at least 01/24/15. The patient presents with neuropathic pain, radicular symptoms and major depression. In this case, adequate documentation has been provided including functional measures that show significant improvement. However, the request indicates 3 refills. Per progress report dated 07/13/15, treater notes, "Treatment Plan: outpatient psychiatric visits, once monthly (effective to 9/15/15)." The treater does not discuss or explain why 3 refills are needed if patient is to return for follow up in one month. The request does not meet guidelines indication. Therefore, the request is not medically necessary.

**Wellbutrin xl (generic) 300mg take 1 tab daily #30 ref: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific  
Antidepressants, Bupropion (Wellbutrin) Page(s): 16.

**Decision rationale:** The patient presents with back pain radiating down both legs. He has been suffering from chronic symptoms of major depression as a consequence of his work injury and resulting chronic back pain. The request is for WELLBUTRIN XL (GENERIC) 300MG TAKE 1 TAB DAILY #30 REF: 3. The request for authorization is not provided. The patient is status

post 3 back surgeries with first surgery in 2002. His depression has significantly improved with current treatment being provided. His crying spells have ceased and he is more able to take pleasure in activities. Patient continues to experience intermittent panic attacks, in the morning. He also experiences multiple symptoms of generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. He denies suicidal ideation. He denies auditory or visual hallucinations. His thought process is linear and goal-directed, and thought content centered around his chronic pain and disability. His judgement is intact. He is alert and oriented x 3, and his cognition is grossly intact. Registration and immediate recall are within normal limits, but he complains of some problems with short-term memory. Long term memory is normal. Patient's medications include Duloxetine, Wellbutrin, Mirtazapine, Nuvigil, Cialis, Flexeril, Colase, Oxycontin, Voltaren Gel, Flector Patch, Norco and Promethazine. Per progress report dated 07/20/15, the patient is permanent and stationary. MTUS Guidelines under: SPECIFIC ANTIDEPRESSANTS, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Treater does not specifically discuss this medication. Patient has been prescribed Wellbutrin since at least 01/24/15. Patient's diagnosis includes lumbar radiculopathy, post-lumbar laminectomy syndrome, spinal/lumbar DDD, lumbosacral disc degeneration, major depression, panic disorder, and generalized anxiety. Given the patient's continued symptoms and diagnosis of neuropathic pain and depression, the request appears reasonable. However, the treater does not discuss or document any decrease in pain and increase in function with use of Wellbutrin. Therefore, the request IS NOT medically necessary.

**Mirtazapine 30mg take 2 caps at bedtime #60 ref: 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under insomnia.

**Decision rationale:** The patient presents with back pain radiating down both legs. He has been suffering from chronic symptoms of major depression as a consequence of his work injury and resulting chronic back pain. The request is for MIRTAZAPRINE 30MG TAKE 2 CAPS AT BEDTIME #60 REF: 3. The request for authorization is not provided. The patient is status post 3 back surgeries with first surgery in 2002. His depression has significantly improved with current treatment being provided. His crying spells have ceased and he is more able to take pleasure in activities. Patient continues to experience intermittent panic attacks, in the morning. He also experiences multiple symptoms of generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. He denies suicidal ideation. He denies auditory or visual hallucinations. His thought process is linear and goal-directed, and thought content centered around his chronic pain and disability. His judgment is intact. He is alert and oriented x 3, and his cognition is grossly intact. Registration and immediate recall are within normal limits, but he complains of some problems with short-term memory. Long term memory is normal. Patient's medications include Duloxetine, Wellbutrin, Mirtazapine, Nuvigil, Cialis, Flexeril, Colase, Oxycontin, Voltaren Gel, Flector Patch, Norco and Promethazine. Per progress report dated 07/20/15, the patient is permanent and stationary. Mirtazapine (Remeron) is classified as an antidepressant. The MTUS

Guidelines page 13 states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status." ODG Guidelines pain chapter, under insomnia states, "Sedating antidepressants (e.g. amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." Per progress report dated 07/13/15, treater's reason for the request is "anti-depressant with additional potential benefits for insomnia, anxiety, gastric distress and chronic pain, all of which are symptoms reported by this patient. Patient has been prescribed Mirtazapine since at least 01/14/15. In this case, the patient presents with insomnia and depression, for which Mirtazapine is indicated; however, treater has not documented medication efficacy. This request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

**Cialis 5mg 1 daily prn #30 ref: 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/cialis](http://www.drugs.com/cialis).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

**Decision rationale:** The patient presents with back pain radiating down both legs. He has been suffering from chronic symptoms of major depression as a consequence of his work injury and resulting chronic back pain. The request is for CIALIS 5MG 1 DAILY PRN #30 REF: 3. The request for authorization is not provided. The patient is status post 3 back surgeries with first surgery in 2002. His depression has significantly improved with current treatment being provided. His crying spells have ceased and he is more able to take pleasure in activities. Patient continues to experience intermittent panic attacks, in the morning. He also experiences multiple symptoms of generalized anxiety disorder including restlessness, muscle tension, excess worrying, impaired sleep, irritability, and impaired ability to concentrate. He denies suicidal ideation. He denies auditory or visual hallucinations. His thought process is linear and goal-directed, and thought content centered around his chronic pain and disability. His judgement is intact. He is alert and oriented x 3, and his cognition is grossly intact. Registration and immediate recall are within normal limits, but he complains of some problems with short-term memory. Long term memory is normal. Patient's medications include Duloxetine, Wellbutrin, Mirtazapine, Nuvigil, Cialis, Flexeril, Colase, Oxycontin, Voltaren Gel, Flector Patch, Norco and Promethazine. Per progress report dated 07/20/15, the patient is permanent and stationary. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypogonadism that may contribute to the patient's ED. AETNA also does not support performance enhancing drugs such as Viagra or Cialis. Per progress report dated 07/13/15, treater's reason for the request is "for medication-induced erectile dysfunction (caused by duloxetine)." Patient has been prescribed Cialis since at least 05/16/15. In this case, treater has not discussed patient's ED and benefits from medication, as well as any medical evaluation regarding ED, in terms of

etiology, severity, etc. In addition, there are no laboratory tests documenting patient's testosterone levels. Furthermore, some guidelines such as the AETNA consider life-enhancing medications not medically necessary. Therefore, the request IS NOT medically necessary.