

Case Number:	CM15-0037477		
Date Assigned:	03/05/2015	Date of Injury:	05/04/2010
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 51 year old male, who sustained an industrial injury on 05/04/2010. He has reported left hand pain. The diagnoses have included chronic pain due to trauma; traumatic amputation of left finger; post-traumatic stress disorder; and scar condition and fibrosis of skin. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco, Prilosec, and Terocin cream. A progress note from the treating physician, dated 01/09/2015, documented a follow-up visit with the injured worker. The injured worker reported left hand pain; and pain is described as aching and is rated at 6-7/10 on the visual analog scale without medications, and 4/10 with medications. Objective findings included left hand fourth finger amputated; mild contracture in the web space; allodynia in the left web space and left thumb; and diminished sensation at the tip of the amputated finger. On 02/13/2015 Utilization Review modified a prescription for Geodon 80 mg #90, to Geodon 80 mg #60; noncertified a prescription for Bupropion SR 150 mg #30; and noncertified a prescription for Restoril 15 mg #30. The CA MTUS, ACOEM and the ODG were cited. On 02/25/2015, the injured worker submitted an application for IMR for review of a prescription for Geodon 80 mg #90; Bupropion SR 150 mg #30; and Restoril 15 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Geodon 80mg #90: 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 Health and Stress, Atypical Antipsychotics and American Psychiatric Association 09/20/13 press release regarding specific use of antipsychotic medications.

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 & Stress Atypical Antipsychotics, Ziprasidone (Geodon).

Decision rationale: ODG states "Ziprasidone (Geodon) is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The request for Geodon 80mg #90 is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The injured worker has been diagnosed with post-traumatic stress disorder, however there is no documentation of any condition for which Geodon would be indicated in this case.

BuPropion SR 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/wellbutrin-zyban-bupropion-342954>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Bupropion Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "Bupropion (Wellbutrin(R)), 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 in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. (Katz, 2005) Furthermore, 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. (Dworkin, 2007) ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe

presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss. Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" The request for BuPropion SR 150mg #30 is clinically indicated for treatment of chronic pain and post traumatic disorder in this case and is medically necessary.

Restoril 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines for chronic pain, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The request for Restoril 15mg #30 is excessive and not medically necessary as Restoril has been prescribed for the injured worker on an ongoing basis for insomnia without any plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks.