

Case Number:	CM15-0073521		
Date Assigned:	04/23/2015	Date of Injury:	02/16/2014
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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 51 year old female who sustained an industrial injury on 02/16/2014. The injured worker was diagnosed with internal derangement of the right knee, right ankle strain, Achilles tendon sprain, sciatica, gait abnormality, chronic pain syndrome and adjustment disorder with depressed mood. Treatment to date includes diagnostic testing, conservative measures, physical therapy, Cognitive Behavioral Therapy (CBT), completion of a functional restoration program and medications. The injured worker is status post right ankle surgery times 2 (no date documented). According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience low back pain that radiates to both legs and right foot rated as a constant 6/10. Examination of the lower extremities demonstrated positive crepitus with passive range of motion of the knees. The lumbar spine had decreased range of motion with decreased deep tendon reflexes at the medial hamstring, patella and ankles bilaterally. Positive provocative tests include sacroiliac (SI) joint compression, facet maneuver, slump test and patella compression test bilaterally. Gait was antalgic on the right with some atrophy on the left knee at the distal inferior pole of the patella and mid patella. Current medications are listed as Lyrica, Naproxen, Trazodone, Flexeril, Bupropion, Quetiapine Omeprazole and Nortriptyline. Treatment plan consists of aftercare program, H-wave and the current request for Quetiapine, Bupropion HCL, Nortriptyline and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL 75mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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. There is insufficient documentation to warrant continued use of this medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Trazodone 50mg #80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Mental Illness and Stress chapter.

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

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 no documentation of a history of depression, anxiety or insomnia. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Nortriptyline 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Mental Illness and Stress chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 24, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain, Tricyclic antidepressants.

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Nortriptyline, 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. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. In this case, there is no documentation of objective functional improvement as a result of this medication. There is no documentation of medical need to continue the Nortriptyline. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Quetiapine Fumarate 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Mental Illness and Stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Quetiapine Fumarate (Seroquel) is an atypical antipsychotic approved for the treatment of schizophrenia and bipolar disorder. It can be prescribed along with an antidepressant to treat a major depressive disorder. There is no documentation of medical rationale to continue this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.