

<b>Case Number:</b>	CM15-0079734		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 9/30/2005. His diagnoses, and/or impressions are noted to include: bilateral elbow and wrist pain; left shoulder pain with surgeries x 2; non-steroidal anti-inflammatory intolerance; iatrogenic opioid dependency with medication related dyspepsia; gastritis and gastroesophageal reflux disorder (GERD); chronic pain; major depression; and pain disorder associated with both psychological factors and general medical condition. His treatments have included transcutaneous electrical stimulation unit therapy; hot/cold therapy; urine toxicology screenings; medication management to include opioid medications for chronic pain and psychotropic medications for severe depression and suicidal ideations. Psychological progress notes of 4/1/2015 reported complaints of feeling he has been enveloped by a large black shadow that calls his name, with a voice from outside his head and that he sees off to the side, he follows it and almost killed it with a machete once. He stated he had been on his psychotropic medication regimen about a year and that there had been no improvement; that he had been without energy, hope or enthusiasm, and mostly stayed by himself. He was noted as tearful and having stated he felt displaced as head of his household and that he would like to put food on his families table. The physician discussed making changes in his current psychotropic medication regimen, over a period of time, and requested treatments that included Prozac 40mg, Prozac 20mg, Wellbutrin Suspended Release, and Adderall XR.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 40mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Prozac.

**Decision rationale:** MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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 treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. ODG states "Fluoxetine (Prozac, generic available): Also approved for major depressive disorder, OCD and premenstrual dysphoric disorder. Dosing information: 20-60 mg daily. " The treating physician does not detail any improvement in pain and/or depressive symptoms while on the medication. In addition, the patient is also on another SSRI medication, Cymbalta, putting the patient at increased risk for serotonin syndrome. As such, the request for Prozac 40mg #30 with 2 refills is not medically necessary.

**Prozac 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Prozac.

**Decision rationale:** MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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 treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. ODG states "Fluoxetine (Prozac, generic available): Also approved for major depressive disorder, OCD and premenstrual dysphoric disorder. Dosing information: 20-60 mg daily. " The treating physician does not detail any improvement in pain and/or depressive symptoms while on the medication. In addition, the patient is on another SSRI medication, Cymbalta, putting the patient at increased risk for serotonin syndrome. As such, the request for Prozac 20mg #30 with 2 refills is not medically necessary.

**Wellbutrin SR 100mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Pain, Bupropion (Wellbutrin<sup>1/2</sup>), Antidepressants for chronic pain.

**Decision rationale:** Regarding treatment of Pain with anti-depressants, MTUS and ODG state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. " Additionally, "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 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 non-neuropathic 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) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss". Medical records do not indicate the ongoing treatment for neuropathic pain. ODG states regarding bupropion, "Recommended as a first-line treatment option for major depressive disorder. " The psychiatric treatment not indicates the patient has adjustment disorder with mixed anxiety and depressed mood and not major depressive disorder. The psychiatric note dated 1/30/2014 states "no psychological or psychiatric care is needed at this time". Based on the medical records provided, the patient does not meet criteria for usage of bupropion. As such, the request for Wellbutrin SR 100mg #30 with 2 refills is not medically necessary.

**Cymbalta 30mg #30 with 2 refills: 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 Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16.

**Decision rationale:** MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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 treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS states regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): 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. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar

radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs . 2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%). Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. " Cymbalta is FDA approved for the treatment of depression and requires continued monitoring for effectiveness per MTUS guidelines. Thus, 2 refills would indicate 90 days without additional interim reevaluation. In addition, the patient is on Prozac, another SSRI medication. This puts the patient at increased risk of serotonin syndrome. As such, the request for Cymbalta 30mg #30 with 2 refills is not medically necessary.

**Adderall XR 5mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guideline Clearing house.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://online.epocrates.com/>; Adderall (dextroamphetamine/ amphetamine).

**Decision rationale:** Epocrates Adderall monograph listed below Adult Dosing. Dosage forms: 5,7, 5,10,12, 5,15,20,30 ADHD[5-40 mg/day PO divided qd-tid] Start: 5 mg PO qam or bid, incr. by 5 mg/day qwk; Info: duration 5-8h; give divided doses at 4-6h intervals; doses >40 mg/day rarely more effective; taper dose gradually to D/C if prolonged, high dose usenarcolepsy [5-60 mg/day PO divided qd-tid]. Start: 10 mg PO qam, incr. by 10 mg/day qwk; Info: give divided doses at 4-6h intervals; taper dose gradually to D/C if prolonged, high dose use. The patient is on multiple other psychotropic medications. In addition, the patient has paranoia and visual hallucinations. Adderal would contribute to anxiety and paronia. The treating physician has not provided a clear rationale as to the use of this medication in conjunction with the other psychiatric medications that have been prescribed. As such, the request for Adderal XR 5mg #30 with 2 refills is not medically necessary.