

Case Number:	CM14-0136236		
Date Assigned:	09/03/2014	Date of Injury:	09/30/2011
Decision Date:	12/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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's original date of injury was September 30, 2011. The industrial diagnoses include left wrist pain, right shoulder pain, anxiety, and chronic pain syndrome. The worker has a history of open reduction internal fixation of the scaphoid in December 2011. The disputed issues are request for Wellbutrin and Zoloft. In this injured worker, a progress note on March 12, 2014 specifies that the patient has anxiety and is "somewhat okay" with the use of Zoloft and Wellbutrin. The patient is "able to get out of the house and walk her dog every day and go about her daily activities." She exhibits more motivation to go out and "do some things." A later note on June 4, 2014 documents that the patient is "doing well on the current medications." It is noted in the treatment plan that the goal is to participate in psychotherapy to complement the medications. A utilization review determination on August 12, 2014 had denied these requests. The utilization reviewer had cited another previous utilization review report on May 14, 2014 that carried the warnings that documentation of "pain pathology and description as well as ongoing efficacy" should be noted in order for these medications to be continued. The utilization reviewer noted that there is "no supporting evidence of objective functional improvement with medication use, including scores noting improvement with medication on the Beck Anxiety/Depression inventory."

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107 of 127.

Decision rationale: In the case of this request, the antidepressant is being used primarily for mood disorder rather than for chronic pain. It should be noted that the CA MTUS has guidelines for the use of antidepressants for chronic pain, which differ from those for depression, anxiety, or mood disorders. In this injured worker, a progress note on March 12, 2014 specifies that the patient has anxiety and is "somewhat okay" with the use of Zoloft. The patient is "able to get out of the house and walk her dog every day and go about her daily activities." She exhibits more motivation to go out and "do some things." A later note on June 4, 2014 documents that the patient is "doing well on the current medications." It is noted in the treatment plan that the goal is to participate in psychotherapy to complement the medications. Given that there is documentation of a mood disorder, and that this medication helps with the mood disorder, this request is medically necessary. It should be noted that the guidelines do not specifically state that a Beck Depression Inventory must be assessed in order to continue an SSRI medication.

Wellbutrin 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50,61,159.

Decision rationale: Per the CA MTUS, bupropion (Wellbutrin) is "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_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)"Bupropion (Wellbutrin) is also "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 SNRI. See Antidepressants for chronic pain for general guidelines, as well as specific Bupropion listing for more information and references."Further guidelines are found in the ACOEM Practice Guidelines, Stress Related Conditions Chapter, pages 395-396, 402 which state:"The focus of the physical examination will be based on the presenting symptoms. However, it always includes a general assessment of the patient's current mental and physical state. The clinician needs to

maintain a high index of suspicion for underlying depression and for other underlying medical disorders that might present with psychosomatic symptoms, including substance abuse, withdrawal, and evidence of domestic violence. A standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions. It is especially important to address inconsistencies between the patient's presenting complaints or answers to questions and observed behaviors, and to address those inconsistencies in a curious, positive manner. Brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile. "In the case of this request, the antidepressant is being used primarily for mood disorder rather than for chronic pain. It should be noted that the CA MTUS has guidelines for the use of antidepressants for chronic pain, which differ from those for depression, anxiety, or mood disorders. In this injured worker, a progress note on March 12, 2014 specifies that the patient has anxiety and is "somewhat okay" with the use of Wellbutrin. The patient is "able to get out of the house and walk her dog every day and go about her daily activities." She exhibits more motivation to go out and "do some things." A later note on June 4, 2014 documents that the patient is "doing well on the current medications." It is noted in the treatment plan that the goal is to participate in psychotherapy to complement the medications. Given that there is documentation of a mood disorder, and that this medication helps with the mood disorder, this request is medically necessary. It should be noted that the guidelines do not specifically state that a Beck Depression Inventory must be assessed in order to continue an antidepressant medication. In fact the guideline states that "All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions."