

Case Number:	CM13-0002549		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2008
Decision Date:	07/11/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/22/2013

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, and is licensed to practice in Texas and Oklahoma. 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 is a 36-year-old male who reported an injury on 10/15/2008. The diagnosis included adjustment disorder with anxiety and depressed mood. The mechanism of injury was not provided. The injured worker had been treated with lumbar epidural steroid injections, physical therapy, and surgical interventions. The injured worker was treated with psychotherapy and psychotropic medications. The documentation of 06/03/2013 revealed the injured worker was very depressed and tearful. The injured worker had complaints of pain, had difficulty urinating standing up, and slept poorly. Anxiety was noted to be a major problem and medications helped. The diagnoses included adjustment disorder with mixed anxiety and depressed mood chronic, insomnia-type sleep disorder due to pain, male hypoactive sexual desire disorder, and psychological factors affecting medical condition. The treatment plan included the medications Wellbutrin XL 150 mg 3 in the morning, Xanax 0.5 mg 3 times a day, Klonopin 2 mg in the morning and afternoon, and Ambien 10 mg at bedtime. The subsequent documentation submitted for review on 08/08/2013, in response to the utilization review denial/modification indicated the injured worker received prior treatments included prescription medications, injections and surgery. The injured worker developed constipation related to medications. The injured worker described episodes of shortness of breath and palpitations. The physician documented the injured worker was anxious and worried about his physical condition. The injured worker was recommended for cognitive behavioral psychotherapy and psychotropic medications as well as bio-feedback. The documentation further indicated that regarding Xanax, Klonopin, and Ambien, MTUS and Official Disability Guidelines were cited as rationale for denial, including that benzodiazepines were not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines recommend limited use of up to 4 weeks. Additionally, it was documented that chronic benzodiazepines are the

treatment of choice in very few conditions. The physician opined they are aware of the limitations typically associated with the medications; however, in this case, after careful monitoring and making adjustments as needed, the physician indicated the current regimen was the most effective for the injured worker. It was recommended the injured worker was being monitored for signs of dependence. Additionally, it was indicated that psychotropic medications prescribed individually do not have the same effect as when they prescribed in combination. They are used to treat symptoms, not conditions. Additionally, the physician documented that it appeared that there was a modification for the requested dosage of 300 mg of Wellbutrin down to 150 mg, citing guidelines as the rationale for the dosage modification of Wellbutrin. MTUS Guidelines address the use of antidepressants in treating chronic pain but do not specifically address treating depression. The treatment plan included Klonopin 2 mg 3 times a day, Wellbutrin XL 300 mg each morning, Xanax 0.5 mg 3 times a day and Ambien 10 mg nightly.

IMR ISSUES, DECISIONS AND RATIONALES

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

WELLBUTRIN XL 150MG UNSPECIFIED QUANTITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication was beneficial for the injured worker. However, there was a lack of documentation of objective functional benefit. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and the quantity for the requested medication. Given the above, the request for Wellbutrin XL 150 mg, unspecified quantity, is not medically necessary.

XANAX 0.5MG UNSPECIFIED QUANTITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to the high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the physician was aware of the limitations; however, the treatment was

working for the injured worker. However, there was a lack of documentation of objective functional benefit that was received from the medication. The duration of use could not be established through the supplied documentation. The physician indicated that the use of 2 benzodiazepines was effective for the injured worker. The request as submitted failed to indicate the frequency and the quantity for the requested medication. Given the above, the request for Xanax 0.5 mg, unspecified quantity, is not medically necessary.

KLONOPIN 2MG UNSPECIFIED QUANTITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to the high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the physician was aware of the limitations; however, the treatment was working for the injured worker. However, there was a lack of documentation of objective functional benefit that was received from the medication. The duration of use could not be established through the supplied documentation. The physician indicated that the use of 2 benzodiazepines was effective for the injured worker. The request as submitted failed to indicate the frequency and the quantity for the requested medication. Given the above, the request for Klonopin 2 mg, unspecified quantity, is not medically necessary.

AMBIEN 10MG UNSPECIFIED QUANTITY: 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), Treatment Index, 11th Edition (web), 2013, Pain, Insomnia Treatment.

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, Ambien.

Decision rationale: The Official Disability Guidelines recommend Ambien for short term use of up to 6 weeks. The duration of use could not be established through the supplied documentation. The clinical documentation indicated the medication was effective for the injured worker. However, there was a lack of documentation of objective functional benefit that was received. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Ambien 10 mg, unspecified quantity, is not medically necessary.