

<b>Case Number:</b>	CM13-0019530		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 43 YO, male with a date of injury of 4/27/10. The patient's diagnoses are depressive disorder; chronic pain with low back pain. Per QME report from 9/10/12, MRI of L-spine showed 3-4 mm disc protrusion at L5-S1. Presenting complaints were headaches, mid-low back pain, depression, stomach cramps with nausea, sleep problems. Multiple reports by [REDACTED] show the patient being guarded due to depression and anxiety, caused by pain and physical disability in his low back. 4/24/13 report lists xanax, bupropion, risperidone, and states that without such additional treatment, the depression, anxiety, sleep problems, stress-intensified medical complaints, and the related functional impairments would likely worsen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Alprazolam 0.5mg #30 for DOS 6/27/2013:** 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 Benzodiazepines, Page(s): 24.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient suffers from chronic low back pain with depression and anxiety. [REDACTED], psychiatrist, has been prescribing Xanax to help manage anxiety. MTUS guidelines do not support chronic use of Xanax for pain conditions. Rather, only short-term use is recommended. It recommends anti-depressant for anxiety disorders. Recommendation is for denial.

**Retrospective Bupropion 100mg #60 for DOS 6/27/2013:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 13-15.

**Decision rationale:** The Physician Reviewer's decision rationale: Use of anti-depressants for chronic pain and depression is supported by MTUS guidelines. The treater indicates that the patient's condition would deteriorate without these medications. Recommendation is for authorization.

**Retrospective Risperidone 0.5mg #60 for DOS 6/27/2013:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Physician Reviewer's decision rationale: This patient suffers from chronic low back pain and is currently treated by a psychiatrist for depression and anxiety. The treater has prescribed Risperidone, but the review of ODG guidelines do not support use of this medication as neither a first-line form of treatment or as an adjunct medication. This patient does not present with psychosis and antipsychotic medications do not appear to be indicated for depression/PTSD diagnoses. Recommendation is for denial. MTUS and ACOEM guidelines do not discuss this medication.