MAXIMUS Federal Services

Case Number:	CM13-0031515		
Date Assigned:	12/04/2013	Date of Injury:	09/27/2005
Decision Date:	01/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas 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 60-year-old female who reported a work related injury on 09/27/2005 due to being punched and kicked multiple times by a combative male client. The patient stated she sustained injuries to her head, neck, back, both shoulders, and left wrist and hand. The patient underwent left shoulder surgery in 2007. The patient has undergone orthopedic treatment and psychiatric treatment. Her diagnoses include right shoulder impingement syndrome and partial tear of the supraspinatus tendon, bilateral elbow medial and lateral epicondylitis, chronic post-traumatic stress disorder, major depressive disorder, and psychological factors affecting medical condition. A request has been made for Wellbutrin XL 300 mg and Klonopin 0.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

Decision rationale: Recent clinical documentation stated the patient felt decreased motivation to be active in her life, experienced anxiety about her health condition, continued to have thoughts of suicide but denied plan or intent, and had difficulty sleeping. The patient was noted to remain irritable, short tempered, and socially withdrawn. It was noted she cried approximately 2 times a week and her self-esteem and libido remain low. She had difficulty with concentration and memory and continued to experience hypervigilance, intrusive recollections, exaggerated startle response, and avoidant behavior. The patient's current psychotropic medication regimen consisted of Wellbutrin XL 300 mg every morning and Klonopin 0.5 mg nightly. California Medical Treatment Guidelines for chronic pain indicate that bupropion (Wellbutrin) is a second generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial of patients. Guidelines further state there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Per recent clinical documentation submitted for review, the patient was noted to have pain to her right shoulder with bilateral elbow symptoms. Tenderness to palpation was present over the medial and lateral epicondyles and Cozen's test was positive bilaterally. Neurological exam of the patient revealed gross sensory, motor, and reflex testing of the upper extremities was intact. The patient was noted to have a partial tear of the right rotator cuff. Recent physical exams of the patient did not indicate neuropathic signs or symptoms. Guidelines further state 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 was no evidence given in the submitted documentation that the patient did not have a response to a tricyclic or SNRI. Given the above, the request for Wellbutrin XL 300mg is non-certified.

Klonopin 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: Recent clinical documentation submitted for review stated the purpose and goal of prescribing Klonopin for the patient was to reduce anxiety, prevent panic attacks, and curb the patient's impulses towards self-harm. The patient was prescribed Klonopin 0.5 mg nightly. It was noted through psychological testing and follow-up interviews with a patient, the dosage of the patient's medication was monitored to determine effectiveness. California Medical Treatment Guidelines for chronic pain indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to 4 weeks. Guidelines further state that tolerance to anxiolytic effects