

<b>Case Number:</b>	CM13-0031544		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Psychiatry, 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 reports he injured his back while moving a heavy box on 11/29/11. He was employed as a custodian supervisor for a large city, and believes he most likely twisted and lifted at the same time while picking up each box separately. During this time, he felt a pulling/tug to the left lower back region for an instant. The patient went home without a problem, but woke up with pain to the left lower back. Any movement caused mild pain, 2-3/10. The patient continued to work, and lived in pain for the next couple of days. He mentioned a muscle pull to his supervisor on 11/30/11, who suggested the patient go to the doctor. The patient declined, as he thought that his symptoms would resolve with rest. Over the span of the next few days, his symptoms became worse; he had to start taking Advil because of his symptoms. The patient then had three days scheduled off and used them to rest, during which time there was no improvement. Since then, he has had pain in his back with occasional radiation to the bilateral buttocks. He denies constant numbness or tingling, as well as radicular symptoms. The patient has been seen and treated at [REDACTED], beginning September 2012; the patient reports he did not get much treatment until that time. He subsequently had six sessions of physical therapy, as well as x-rays of his back, and referral for an orthopedic consultation. The medical records provided indicate a lack of psychiatric problems. There is no documentation of any depression, anxiety, or insomnia. The only mention of sleep aberration in the records is that the patient was unable to sleep during the day because of his history as a night shift worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion 100mg, #60:** 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 Page(s): 125.

**Decision rationale:** Though the guidelines cite that Bupropion is useful for anxiety and depression, the medical records provided indicate a lack of psychiatric problems. There is no documentation of any depression, anxiety, or insomnia. As such there is no clinical indication for Bupropion based upon the records provided, and it is not medically necessary.

**Buspirone 10mg, #60:** 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 Page(s): 4,6,14,16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),chapter for Chronic Pain: Anxiety medications in chronic pain

**Decision rationale:** Though the guidelines cite that Bupropion is useful for anxiety and depression, the medical records provided indicate a lack of psychiatric problems. There is no documentation of any depression, anxiety, or insomnia. As such there is no clinical indication for Bupropion based upon the records provided, and it is not medically necessary.

**Estazolam 2mg, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),chapter for Chronic Pain

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment guidelines are silent on the issue of the treatment of insomnia with Estazolam; though the Official Disability Guidelines cite that Estazolam is useful for short term treatment of insomnia, the medical records provided indicate a lack of psychiatric problems. There is no documentation of any depression, anxiety, or insomnia. As such there is no clinical indication for Estazolam based upon the records provided, and it is not medically necessary.