

Case Number:	CM13-0052690		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2008
Decision Date:	07/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 patient is a 63 year old male who has submitted a claim for, depressive disorder not otherwise specified with anxiety; lumbar spondylosis without myelopathy; bilateral lumbar facet syndrome and mechanical low back pain, associated with an industrial injury date of November 6, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of pain in his neck and lower back. The patient also complained of difficulty sleeping. On physical examination of the lumbar spine, tenderness was noted from L3 to L5 bilaterally. Bilateral lumbar facet tenderness was also noted from L4-L5, and L5-S1. Range of motion (ROM) was also limited. Pain in the lumbar spine worsens on extension, side bending, and rotation. Treatment to date has included omeprazole, simvastatin, fenofibrate, Wellbutrin, alprazolam, estazolam, citalopram, Norco, Soma, physical therapy, cognitive behavioral therapy, epidural spinal injections and radio frequency of the left lumbar facet neurotomy at L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION FOR BUPROPION HCL 100 MG, # 240 MG:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Prozac.

Decision rationale: The ODG states that Prozac is recommended as a first-line treatment option for major depressive disorder. In this case, the patient has been prescribed Bupropion as an adjunct treatment with Cognitive Behavioral Therapy (CBT). The patient has been on Bupropion since July 15, 2013 (4 months to date). Prior to the use of Bupropion, the patient was responding well with CBT. Lesser depression symptoms have been noted. However, documents reviewed did not show any improvements with the use of Bupropion. Likewise, the frequency and duration of the treatment were non-specific. Therefore, the request is not medically necessary and appropriate.

RETROSPECTIVE ALPRAZOLAM .5MG, # 180: Upheld

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

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

Decision rationale: As stated on page 24 of the MTUS Chronic Pain Guidelines, Benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the patient has been prescribed Alprazolam since July 15, 2013 (4 months to date). He was given Alprazolam in relation to his poor sleep quality. However, records reviewed showed that the patient did not show improvements in sleep quality. Likewise, the MTUS Chronic Pain Guidelines limits the use of Benzodiazepines (Alprazolam) to 4 weeks only. Tolerance to anxiolytic effects can also develop secondary to long term use, which depicts the indication for prescription. The frequency and duration of drug use were also non-specific. Therefore, the request is not medically necessary and appropriate.