

Case Number:	CM13-0060047		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2013
Decision Date:	06/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 43 year old female who was injured on 06/20/2013. She reportedly hurt her back lifting a bag of trash on 06/20/2013. The clinic note dated 10/23/2013 reports the patient developed symptoms of a mental disorder including depression, anxiety, irritability, and insomnia. Other symptoms include unprovoked crying episodes, less appetite, trouble sleeping and diminished in attention concentration and memory. The anxiety symptoms of an inability to relax. She has nervousness and fatigue. She has a lack of motivation, feeling of emptiness, pessimism and diminished self-esteem. She reports complaints of headache, hair loss, neck/shoulder/back muscle tension and pain related to stress; chest pains, palpitations, peptic acid reaction, abdominal pain with cramping and constipation. She has been unable to perform for extended periods of time. The patient is unable to sit, stand or walk comfortably for more than short periods. She has developed problems with leg and lower extremity pain. There have been changes in her eating habits as well with less appetite. The patient is unable to communicate effectively socially. Her cognitive functioning has diminished. She has psychological fatigue and loss of energy related to depression and sleep disturbance. The patient is diagnosed with depressive disorder and anxiety disorder. Prior UR dated 10/31/2013 states the request for two additional management sessions, Wellbutrin 100 mg #60, Buspar, Xanax, and Prosom are non-certified as there are no documented evaluations to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) ADDITIONAL MEDICATION MANAGEMENT SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The CA MTUS/ACOEM states, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." Regarding office visits, the Official Disability Guidelines state, they are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The medical records do not establish the requested medications are appropriate and medically necessary. The documentation provided does not establish the request is necessary.

WELLBUTRIN 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 Chronic Pain Medical Treatment Guidelines Antidepressants for chronic pain, Bupropion (Wellbutr.

Decision rationale: According to the CA MTUS guidelines, Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. It 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. Based on the invalidity of the patient's MMPI-2 profile, which the provider described as "definitely invalid and beyond the scope of standard principles of profile interpretation", and lack of relevant objective findings/observations, the medical records do not establish a valid psychiatric diagnosis. The assessment results demonstrate significant inconsistencies, which do not support initiating psychotropic medications. In addition, this medication is not considered a first-line antidepressant. The request for Wellbutrin is not supported by the guidelines, and not medically indicated.

BUSPAR 10MG, #60: 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), Pain, Anxiety medications in chronic pain

Decision rationale: The Official Disability Guidelines (ODG) recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described. According to the ODG, Generalized Anxiety Disorder (GAD) is characterized by anxiety/tension, excessive worry, restlessness, fatigability, poor concentration, irritability, muscle tension and poor sleep. Treatment for GAD is patient specific and the following serves only as a guide in providing pharmacotherapy. SSRIs or SNRIs are typically first line agents for GAD. Buspar is also approved for short-term relief of anxiety symptoms. Given the invalidity of the patient's MMPI-2 profile, which the provider described as "definitely invalid and beyond the scope of standard principles of profile interpretation", and lack of relevant objective findings/observations, the medical records do not establish a valid psychiatric diagnosis exists. The assessment results demonstrate significant inconsistencies, which do not support initiating psychotropic medications. In addition, this medication is not considered a first-line intervention. The request for Buspar is not supported by the medical guidelines, and medical necessity is not established.

PROSOM 2MG, #30: 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 Chronic Pain Medical Treatment Guidelines, Benzodiazepines, Page(s): 24.

Decision rationale: The CA MTUS and ODG guidelines state 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. According to the ODG, FDA-approved benzodiazepines for sleep maintenance insomnia include Prosom (estazolam). These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). Review of the medical records does not reveal subjective report of sleep difficulties. The medical records submitted do not document subjective complaints and corroborative clinical objective findings or observations as to establish an active diagnosis of insomnia. According to the referenced guidelines, benzodiazepines are not recommended for long-term use, and per ODG, Prosom is not recommended. Given that the diagnosis of insomnia is not evident, and Prosom is not recommended under the guidelines, the request is not medically indicated.

XANAX 0.5MG, #30 WITH 2 REFILLS: 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 Chronic Pain Medical Treatment Guidelines, Benzodiazepines Page(s): 24.

Decision rationale: According to the guidelines, Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Given the invalidity of the patient's MMPI-2 profile, which the provider described as "definitely invalid and beyond the scope of standard principles of profile interpretation", and lack of relevant objective findings/observations, the medical records do not establish a valid psychiatric diagnosis exists. The assessment results demonstrate significant inconsistencies, which do not support initiating psychotropic medications. If an anxiety disorder exists, other medications, such as an antidepressant would be much more appropriate. Xanax is not medically appropriate.