

Case Number:	CM13-0060413		
Date Assigned:	12/30/2013	Date of Injury:	09/24/2004
Decision Date:	04/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 09/24/2004. The patient was reportedly injured when his right upper extremity became caught on a spa frame. The patient is currently diagnosed with cervical degenerative disc disease, post-laminectomy syndrome, neck pain, low back pain, lumbar degenerative disc disease, shoulder arthralgia, and depression with anxiety. The patient was recently evaluated on 12/05/2013. The patient reported persistent pain. Physical examination revealed moderate pain and spasm in the lower back and cervical spine. The patient's psychiatric examination indicated a pleasant mood. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR CONTINUED MONTHLY VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was

referred for further testing and/or psychotherapy, and whether the patient is missing work. As per the documentation submitted, the patient does continue to report psychiatric symptoms. The patient does maintain diagnoses of depression and anxiety. While the patient may meet criteria for a follow-up visit, the current request for ongoing monthly visits cannot be determined as medically appropriate. The patient's clinical status would require re-assessment at each visit to determine further care. Based on the clinical information received, the request is non-certified.

THE REQUEST FOR 1 PRESCRIPTION OF ALPRAZOLAM, 5mg: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient does maintain diagnoses of depression and anxiety. However, California MTUS Guidelines state a more appropriate treatment for anxiety disorder is an antidepressant. The patient has continuously utilized this medication. Despite ongoing treatment, the patient continues to report persistent symptoms. There is no evidence of functional improvement. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

THE REQUEST FOR 1 PRESCRIPTION OF BUPROPIAM XL, 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Bupropion (Wellbutrin®).

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first-line treatment for neuropathic pain and as a possibility for non-neuropathic pain. Wellbutrin is not considered a first-line treatment for neuropathic pain. Official Disability Guidelines state Wellbutrin is recommended as a first-line treatment option for major depressive disorder. As per the documentation submitted, the patient does maintain a diagnosis of depression with anxiety. However, the patient has continuously utilized this medication. Despite ongoing treatment, the patient continues to report depressive symptoms. There is no documentation of objective functional improvement. Therefore, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

THE REQUEST FOR 1 PRESCRIPTION OF LUNESTA, 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: California MTUS Guidelines state insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. As per the documentation submitted, the patient has continuously utilized this medication. There is no documentation of a satisfactory response to treatment. There is also no evidence of a failure to respond to non-pharmacologic treatment. Based on the clinical information received, the request is non-certified.