

<b>Case Number:</b>	CM13-0066914		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 injured worker is a 57-year-old male who reported an injury on 03/02/2011. The mechanism of injury was not stated. The current diagnosis is adjustment disorder with mixed anxiety and depressed mood. The injured worker was evaluated on 10/04/2013. The injured worker reported improving anxiety, tension, irritability, depression, and quick temper. Mental status examination revealed a serious mood, appropriate eye contact and focus, intact thought process, normal memory and concentration, and normal judgment and insight. Treatment recommendations at that time 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:

**60 ATIVAN 1MG, 1 TWICE A DAY AS NEEDED, WITH 1 REFILL:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state benzodiazepines are not recommended for longterm use because longterm efficacy is unproven and there is a risk of dependence. The injured worker has utilized Ativan since 08/2013. As the guidelines do not

recommend longterm use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**30 WELLBUTRIN SE 150MG, 1 EVERY MORNING: Overturned**

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

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

**Decision rationale:** The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Wellbutrin is a second generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiology in a small trial. As per the documentation submitted, the injured worker does maintain a diagnosis of adjustment disorder with mixed anxiety and depressed mood. The injured worker has continuously utilized this medication and does report a reduction in depression symptoms. Therefore, the ongoing use of this medication can be determined as medically appropriate at this time. As such, the request is certified.

**60 AMBIEN 10MG, 2 AT BEDTIME AS NEEDED, WITH 1 REFILL: 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 (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Wellbutrin is a second generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiology in a small trial. As per the documentation submitted, the injured worker does maintain a diagnosis of adjustment disorder with mixed anxiety and depressed mood. The injured worker has continuously utilized this medication and does report a reduction in depression symptoms. Therefore, the ongoing use of this medication can be determined as medically appropriate at this time. As such, the request is certified.