

<b>Case Number:</b>	CM14-0131232		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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 58-year-old male who reported an injury where he fell off a ladder approximately 18 to 20 feet on 01/21/2013. The clinical note dated 07/14/2014 indicated the injured worker reported he was sleeping somewhat better with the amitriptyline. The injured worker reported he felt quite depressed. The injured worker reported he still had difficulty with his right leg and balance; however, the swelling in his left leg had resolved. On physical examination of the lumbar spine there was tenderness of the paraspinal muscles in the lumbosacral area and the injured worker was wearing a low back brace. The injured worker's reflexes were 1+ and injured worker's toes were down going bilaterally. The injured worker's gait and balance was somewhat impaired. The injured worker's diagnoses included probable post-traumatic stress disorder. The injured worker's treatment plan included evaluate in 2 to 3 months as needed. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included nortriptyline, Amrix, Duexis tramadol, Effexor and lorazepam. The provider submitted a request for lorazepam and bupropion. A Request for Authorization dated 07/22/2014 was submitted for lorazepam and bupropion; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg, qty 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), Pain, Benzodiazepines.

**Decision rationale:** The request for Lorazepam 0.5mg, qty 30 is not medically necessary. The Official Disability Guidelines do not recommend benzodiazepines for long-term use 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, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). The injured worker has been prescribed lorazepam since at least 03/13/2014. This exceeds the guidelines recommendation for short term use. In addition, there is lack of documentation of efficacy and functional improvement with the use of lorazepam. Furthermore, the request does not indicate a frequency. Therefore, the request for lorazepam is not medically necessary.

**Bupropion HCL 150mg, qty 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Antidepressants

**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, Major Depressive Disorder.

**Decision rationale:** The request for Bupropion HCL 150mg, qty 30 is not medically necessary. The Official Disability Guidelines state Bupropion is recommended as a first-line treatment option for major depressive disorder. The documentation submitted did not indicate the injured worker has major depressive disorder. In addition, the injured worker is already on antidepressants. In addition, the provider did not indicate a rationale for the request. Additionally, the request does not indicate a frequency. Therefore, the request is not medically necessary.