

Case Number:	CM14-0058303		
Date Assigned:	07/09/2014	Date of Injury:	08/08/2001
Decision Date:	09/18/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 Emergency Medicine 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 reported injury on 8/8/2001. Mechanism of injury is described as "being swung around" while riding a tractor. The injured worker has a history of post cervical spine surgery, neck pain, cervical facet syndrome, depression, anxiety, chronic pain syndrome, opioid tolerance and opioid induced hyperalgesia. Patient is post C5-6, C6-7 discectomy (2009) and also has a spinal cord stimulator (6/2012). Medical records reviewed. Prior reports were available until 3/7/14. Patient has noted complaints of dental carries and dry mouth due to side effects of medications. Patient's pain is not well controlled by spinal cord stimulator. Objective exam reveals limited cervical range of motion (ROM), negative Spurling, positive cervical facet loading bilaterally. Note from 11/16/13 notes that patient's symptoms are not being controlled by Xanax and Buspar. A MRI of cervical spine (11/22/11) was hard to read due to hardware and post-surgical changes. Patient has attempted chiropractic, injections and opioids with little improvement. The injured worker has been seeing a psychologist. Current medication includes Topamax, Norco, Xanax, Senna, Buspar, and Aciphex. Independent Medical Review is for Bupropion XR 200mg #30 with 1refill and Xanax 1mg #30 with 1 refill. Prior UR on 4/3/14 recommended modification of both prescriptions to 23 tabs for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Bupropion Extended Release 200 mg quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 and page 402. Decision based on Non-MTUS Citation Official Disability Guidelines - Mental Illness and Stress and Chronic Pain.

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 & stress>, <Antidepressants for treatment of MDD(Major depressive disorder)>.

Decision rationale: The MTUS Chronic pain and ACOEM guidelines do not directly deals with depression and anxiety treatment as a primary modality. As per Official Disability Guidelines (ODG), depression and anxiety may require multiple treatment modalities. The current chronic use of Bupropion does not appear to be affective with patient complaining of anxiety and depression and has chronic use of Xanax. However, the provider did not provide a history of prior attempts of treating the patient's depression/anxiety so it is not known if patient has attempted other first line or more effective antidepressants in the past. The current continued use of Buspar without close monitoring by a psychiatrist with a known side effect of Xerostomia (dry mouth) with the patient's complaint of dry mouth and severe dental carries/rot is not medically necessary.

Xanax 1 mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 and page 402. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions: Benzodiazepines Page(s): 23-24.

Decision rationale: Xanax is a benzodiazepine. Primary treating physicians records history of anxiety and depression but there no provided documentation as to support reasoning as to why Xanax is being prescribed. As per MTUS chronic pain treatment guidelines it is not recommended. There is a high risk of dependence and tolerance. It may be considered in situations where there is overwhelming symptoms but there is no documentation of these symptoms and number of tabs prescribed does not support intermittent use. It is not recommended for anxiety and can worsen anxiety if used chronically. Anti-depressants and other modalities are more appropriate for anxiety treatment. Therefore, Xanax is not medically necessary.