MAXIMUS Federal Services

Case Number:	CM14-0085072		
Date Assigned:	07/23/2014	Date of Injury:	07/17/2012
Decision Date:	11/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured cumulatively leading up to 7/17/2012. She was diagnosed with right shoulder internal derangement/rotator cuff tear, blurred vision, headaches, mood disorders (anxiety and depression), sleep disorder, stress, and cough. She was treated with combination and compounded medications for her pain and insomnia, including Dicopanol, Fanatrex, Synapryn, Deprizine, and Tabradol. She was also treated with right shoulder surgery (12/13/13), topical analgesics, and physical therapy for her shoulder. On 5/5/14, the worker was seen by her psychologist for an initial psychological evaluation reporting for the past 6 months or more times of anxiety and depression and insomnia related to her chronic pain, and all of which had limited her overall function. Her Beck Scale for Suicidal Ideation was measured at 0, with no risk. She exhibited good coping mechanisms considering her reactive anxiety and depressive symptoms. She was then recommended to start Buspar, Wellbutrin, and ProSom for the treatment of her anxiety, depression, and insomnia respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

ProSom 2mg #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 11 Stress Related Conditions,Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, who had not used ProSom previously, it may have been reasonable to use it for a very short period of time as she also concurrently used sleep hygiene and other first-line methods for her insomnia, however the request was for three months of treatment, which is more than recommended for this type of medication. Also, there was no evidence that a discussion of sleep hygiene and cognitive behavioral therapy were recommended before considering medication. Therefore, the ProSom is not medically necessary.

Wellbutrin 100mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 11 Stress Related Conditions,Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Buproprion Page(s): 13-16 27.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Bupropion has been shown to help relieve neuropathic pain and may be recommended as a third line medication for neuropathy who may have not had a response to a tricyclic or SNRI. Bupropion is also recommended as a first-line treatment option for major depressive disorder. A first line therapy option for treating anxiety disorder is an SSRI. Bupropion is not an SSRI. In the case of this worker, the Bupropion was recommended presumably for the treatment of the worker's depressive disorder as well as her anxiety disorder. This medication was also recommended alone with two other anxiolytics to be started together. Starting multiple medications for mood disorders is not recommended and makes it difficult to assess for medical necessity and benefit of each medication started. In the opinion of the reviewer, Wellbutrin would not be the best choice for this worker, but rather using another SSRI anti-depressant for both her depression and anxiety would be more appropriate. Therefore, the Wellbutrin would be considered not medically necessary.

BuSpar 10mg #60 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Buspirone http://reference.medscape.com/drug/buspar-buspirone-342913

Decision rationale: Buspirone is not discussed in the MTUS Guidelines. Buspirone is a non-benzodiazepine anxiolytic used as a secondary agent to treat chronic anxiety. First line therapy for anxiety is SSRIs, but Buspirone may be considered in some individuals who cannot tolerate SSRIs. Buspirone is not likely to be helpful in those who have used benzodiazepines chronically. In the case of this worker, she was recommenced Buspar, a benzodiazepine, and Wellbutrin all at the same time, which makes it difficult assessing for benefit when they are all treating her mood disorders together. A more appropriate first step would be to consider an SSRI anti-depressant medication to treat her anxiety and depression as well as her insomnia, and then reassess for benefit. Considering Buspar this early on, is not medically necessary and inappropriate.