

Case Number:	CM14-0087193		
Date Assigned:	07/23/2014	Date of Injury:	03/09/2011
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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 34-year-old female who reported getting a hard punch to her head on 03/09/2011. Her diagnoses were on a handwritten note that was illegible. On 05/05/2014, her medications included bupropion XL 150 mg, butalbital/APAP/caffeine 50/325/40 mg, alprazolam 0.5 mg, Flexeril 5 mg, and naproxen 550 mg. She was experiencing panic attacks, anxiety, and sleep disturbances. She experienced occasional tightness in her upper back with numbness in both upper extremities. She stated she used the Flexeril to allow herself to have 7 hours of continuous sleep per night. She experienced intermittent fatigue, intermittent episodes of dizziness, feelings of stress and strain/anxiety, episodes of rapid heart rate associated with anxiety when out in public, diminished interest in pleasurable activities, and feelings of vulnerability. She also had headaches associated with nausea and vomiting. She had a normal electromyogram of the bilateral upper extremities, a normal EEG, and was diagnosed with post concussive impairment. There was no rationale or Request for Authorization for this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupopro XL 150mg, # 90, with refills x 5: Upheld

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

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

Decision rationale: The request for Bupopro XL 150mg, # 90, with refills x 5 is not medically necessary. California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation should also be assessed. Long-term effectiveness of anti-depressants has not been established. Bupropion, a second-generation non-tricyclic antidepressant, has been shown to be effective in relieving neuropathic pain of different etiologies. There is no evidence of efficacy in patients with no neuropathic pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI antidepressants. There is no documentation regarding the efficacy, pain relief, sleep quality and duration, psychological status, or any side effects from the use of bupropion. This injured worker has been taking this medication for more than 1 year, which exceeds the recommendations in the guidelines. Additionally, the request did not include frequency of administration. Therefore, the request for Bupopro XL 150mg, # 90, with refills x 5 is not medically necessary.

Butibel/APAP/CAF 50/325/40, # 60, times 5 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-Barbiturate-containing analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The request for Butibel/APAP/CAF 50/325/40, # 60, times 5 refills is not medically necessary. The California MTUS Guidelines do not recommend barbiturate containing analgesic agents for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. This injured worker has a history of fairly frequency headaches and memory impairment. The clinical information submitted fails to meet the evidence based guidelines for the use of this medication. Additionally, the request did not include frequency of administration. Therefore, this request for Butibel/APAP/CAF 50/325/40, # 60, times 5 refills is not medically necessary.

Alprazolam 0.5, # 40, times 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not recommended for long term use.

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

Decision rationale: The request for Alprazolam 0.5, # 40, times 5 refills is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation points at that this worker has been taking this medication for more than 1 year, which exceeds the recommendations in the guidelines. Additionally, she does have anxiety, which may be exacerbated by the use of this medication. Furthermore, the request did not have a dosage or frequency of administration. Therefore, this request for Alprazolam 0.5, # 40, times 5 refills is not medically necessary.

Flexeril 5 mg, # 30 times 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Short term use of muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Flexeril 5 mg, # 30 times 5 refills is not medically necessary. The California MTUS Guidelines recommend that non-sedating muscle relaxants be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles. The documentation shows that this worker was recommended to not drive motor vehicles, but she continues to drive. She is taking naproxen and NSAIDs with this medication and the guidelines show that there is no benefit when used in combination with NSAIDs. There is no documentation of functional benefit with the use of Flexeril. Flexeril is recommended for short course of therapy and is not recommended for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. This injured worker has been using this medication for longer than 1 year and states she is using it to help her sleep, which is actually an adverse effect of this medication. Additionally, the request did not include frequency of administration. Therefore, the request for Flexeril 5 mg, # 30 times 5 refills is not medically necessary.