

Case Number:	CM14-0087833		
Date Assigned:	07/23/2014	Date of Injury:	06/25/2008
Decision Date:	09/22/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 40-year-old male, who reported an injury on 06/25/2008. Reportedly, he was forced to lift a large metal bus shelter with a coworker. The top metal part of the shelter was stuck in the base, so the injured worker tried to force it out. As he did so, he felt a snap followed by an immediate pain in his back. He sustained injuries involving his neck, both shoulders, back, both legs, both upper and lower extremities, and psyche. The injured worker's treatment history included psychological evaluation, medications, x-rays, Toradol injection, surgery, physical therapy, and MRI studies. The injured worker was evaluated on 06/10/2014, and it was documented that the injured worker complained of frequent headaches. He also complained of constant neck pain, rated 3/10, with radiation to the left upper extremity and to the left shoulder. Moreover, he reported having constant mid back pain, rated at 3/10. He also reported having constant low back pain, rated 3/10, with radiation to the right lower extremity and buttock. In addition, he complained of constant left shoulder pain, rated 3/10 to 4/10, with associated tingling sensation to the forearm. He reported hernia pain, rated 3/10. He was suffering from anxiety, depression, stress, and insomnia. He recently had a workup for ulcer type symptoms. He stated that he had headache, neck, mid back, low back, and left shoulder pain that feels the same since his last visit. Physical examination: It is documented that the injured worker continued to have dysesthesia and twitching in the left C6 distribution. His neck had well healed incision and muscle atrophy in the anterior and posterior part. His neck was clearly of a different muscle mass than the rest of his body, which can be considered as deconditioning and/or effects of chronic pain. Medications included Voltaren XR, Fiorinal, and some locally applied topical creams, which took the edge off but did not eliminate the pain. Diagnoses included status post anterior cervical decompression and fusion at C5-6 with foraminotomy at C5-6 and C6-7 with residuals of neck and arm pain on the left, inguinal hernia, industrial, in need of repair, anxiety,

depression, and weight loss, residual scarring versus chronic nerve damage at C6. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar, 10 mg, #60, 1 twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, anxiety medications in 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) Pain Anxiety Medications.

Decision rationale: The request for Buspar, 10 mg, #60, 1 twice daily in not medically necessary. Per the Official Disability Guidelines (ODG) recommends anxiety medications for diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist. Definition of anxiety disorders: Anxiety disorders for this entry include (1) generalized anxiety disorder (GAD); (2) panic disorder (PD); (3) post-traumatic stress disorder (PTSD); (4) social anxiety disorder (SAD); & (5) obsessive-compulsive disorder (OCD). Descriptions of each are included below. Anxiety affects millions of Americans and leads to a decreased quality of life and productivity. In any given year approximately 40 million American adults ages 18 and older have an anxiety disorder (approximately 18.1 percent). Approximately 62% of anxiety disorders are associated with other mental health disorders, in particular depression. Substance abuse is also a frequent co-morbid condition; Anxiety and chronic pain. The provider indicates outcome measurements while injured worker is on Buspar. Additionally, there were no long- term functional goals provided for the injured worker. As such, the request for Buspar, 10 mg # 60, 1 twice daily in not medically necessary.

Prosom, 2 mg, #30, 1 every night at bedtime, with 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, Pain chapter, anxiety medications in chronic pain.

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

Decision rationale: The request for Prosom, 2 mg, #30, 1 every night at bedtime, with 2 refills is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because 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. 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. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. As such, the request for Prosom 2 mg # 30, 1 every night at bed time with 2 refills is not medically necessary.

Bupropion, 100 mg, #60, twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Wellbutrin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: The request for Bupropion 100, mg # 60, twice daily is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that Bupropion is a second generation non-tricyclic antidepressant (noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that 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. The documents provided lack evidence as to why the Bupropion HCL would be required at this point and what specific overall functionality had been achieved with this medication as opposed to functionality without it. In addition, there was also no documentation of any specific objective severe depression condition occurring to support the need for this antidepressant treatment. There was no evidence documented if the injured worker previously failed an initial course of tricyclic the frequency of duration. Given the above, the request is not medically necessary.