

<b>Case Number:</b>	CM13-0010123		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	01/01/1990
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Florida, New York, Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 75 year old male, who sustained an industrial injury on 1/1/90. He has reported neck and bilateral arm pain. The diagnoses have included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, dorsal/lumbar myofascial pain syndrome, bilateral shoulder/elbow/wrist/ankle sprain/strain, plantar fasciitis and depression and insomnia. Treatment to date has included physical therapy, arthroscopic subacromial decompression and anterior acromioplasty and joint arthroscopic synovectomy with debridement of right shoulder, acupuncture and medications. (MRI) magnetic resonance imaging of right shoulder was performed on 7/26/12, revealing small cystic structures at superior and outer portion of the humeral head, partial intrasubstance tear at the supraspinatus tendon attachment to the humeral head and a tear seen at the superior and anterior glenoid labra; and of the left shoulder which revealed subtle focal area of increased signal intensity at the superior and medial portion of the humeral head, 50 % tear of supraspinatus muscle/tendon junction and globular appearance seen in the inferior and posterior labra without a tear. (EMG) Electromyogram studies were performed on 3/13/13, revealing possible left ulnar neuropathy at the elbow level. Currently, the IW complains of moderate pain in neck, mid/upper back, lower back, bilateral shoulders, bilateral elbows, bilateral wrists, right knee and bilateral ankles. Physical exam dated 5/2/13 revealed tenderness to palpation of cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral elbows, bilateral wrists, right knee and bilateral ankles. On 7/24/13 Utilization Review retrospectively non-certified prescriptions for, noting the Estazolam 2 mg, #30 and Buspirone 10 mg # 60 and Bupropion HCL SR 100mg # 60, noting there is not enough

documentation submitted to make a determination. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 8/8/13, the injured worker submitted an application for IMR for review of Estazolam 2 mg, #30 and Buspirone 10 mg # 60 and Bupropion HCL SR 100mg # 60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ESTAZOLAM 2MG, #30 (DOS: 6/21/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2, Benzodiazepines Page(s): 24.

**Decision rationale:** Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This class of agents 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. It is far better to deal with the primary issue which in this evaluation was a significant depressive disorder with elements of anxiety manifested by confusion, fatigue, irritability, depressed mood, sexual dysfunction and insomnia. Treatment should be aimed at appropriately dealing with the depression. The UR Conditional Non-Certification is supported based on the provided documentation

#### **RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF BUSPIRONE 10MG, #60 (DOS: 6/21/13): 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 BMC Psychiatry, 2014, 14(suppl 1); S1. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorder

**Decision rationale:** The MTUS does not explicitly cover the management of anxiety disorders. In this case it manifested with the primary diagnosis of depression. The first tier of medications include the SSRI and SNRI antidepressants and are Level 1 recommendations. Buspirone while more effective than placebo and as effective as benzodiazepines does not have any consistent advantages over the first tier medications. Limited effectiveness in clinical practice relegates this agent to a second tier status for use after the failure or incomplete resolution of symptoms using tier 1 agents. The UR conditional Non-Certification is supported.

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF BUPROPION HCL SR 100MG, #60 (DOS: 6/21/13): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 2, Antidepressants, Wellbutrin Page(s): 27. Decision based on Non-MTUS Citation current.psychiatry.com, Does Bupropion Exacerbate Anxiety, Vol 11 #6, Jun 2012 www.icsi.org, ICSI Health Care Guideline, Adult Depression in Primary Care, Updated Sept 2013

**Decision rationale:** Wellbutrin cannot be recommended for the treatment of non-neuropathic pain. However in this situation we are dealing with depression as the treatable diagnosis. Management of depression is not explicitly covered in the MTUS. The provided documentation identified the diagnosis through use of common psychological tools. The diagnosis was one of depression with anxiety. In this situation treating the depression has been known to improve other manifestations, the most significant of which in this setting, is the members fairly diffuse complaints of pain. The selection of Wellbutrin has potential risks and benefits. It is listed as a recommended member of the first line tier of antidepressants (SSRI's). It has been reported to be one of the least likely members of the class to elicit sexual side effects. However it has also been reported as showing a higher incidence of anxiety associated with treating their depression. A review of the literature has shown a mixed picture with no consistent support for or against the issue. In the face of the comprehensive psychological evaluation clearly documenting a depressive disorder of a significant degree, of a significant duration having a negative impact on ADL's and overall quality of life intervention with Wellbutrin would be supported. The UR conditional Non-Certification cannot be supported and I would overturn the decision.