

Case Number:	CM14-0172368		
Date Assigned:	10/23/2014	Date of Injury:	08/16/2005
Decision Date:	02/11/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 Rehab, has a subspecialty in Spinal Cord & Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/16/05 while working for the [REDACTED] and continues to be treated for neck and left shoulder pain and for depression and insomnia. She was seen on 01/16/14. She was depressed and having difficulty sleeping. Ativan was not helping. Wellbutrin and Ativan were prescribed for depression. She was seen on 03/27/14 with neck and left shoulder pain. She was having pain radiating into the left upper extremity with numbness, weakness, and paresthesias. Prior treatments had included medications, physical therapy, heat, and rest. Physical examination findings included left trapezius tenderness with a trigger point. She had decreased cervical spine range of motion. There was normal strength. Medications included Norco 10/325 mg #30, Soma 350 mg #30, Ambien 10 mg #30, and Lidoderm #30 which were refilled. On 06/19/14 pain was rated at 6-7/10. She was taking medications without side effects. EMG/NCS testing had been done and had been negative. Medications were refilled. On 07/03/14 she was having occasional anxiety. Medications were helpful. Wellbutrin and Ativan were prescribed for depression and Xanax for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg #35: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Antidepressants for chronic pain. Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Wellbutrin (bupropion) is a noradrenaline and dopamine reuptake inhibitor that has been shown to be effective in relieving neuropathic pain of different etiologies. In terms of depression, medications that are likely to be optimal for most patients include bupropion. The requested Celexa is within guideline recommendations and therefore is medically necessary.

Ativan 1mg #70: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for neck and left shoulder pain and for depression and insomnia. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Ativan (Lorazepam) is not medically necessary.

Xanax 0.25mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for neck and left shoulder pain and for depression and insomnia. Xanax (Alprazolam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Xanax is not medically necessary.