

Case Number:	CM14-0194723		
Date Assigned:	12/02/2014	Date of Injury:	03/12/2007
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine 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 fifty-five year old female who sustained a work-related injury on March 12, 2007 with accepted body parts of the cervical and lumbar spinal cord. A request for Alprazolam, #60; Buspar #60, Bupropion #60 and Fioricet #60 was non-certified by Utilization Review (UR) on October 31, 2014. The UR physician determined that the medications are specifically noted for the treatment of depression, anxiety and stress arising from an industrial stress injury to the psyche. Upon review of the documentations submitted for review, the UR physician determined no specific physical examination findings were listed. With regard to the request for Alprazolam, Buspar, Bupropion and Fioricet, the UR physician noted that the medications had no relationship to the compensable injury. A request for independent medical review (IMR) was initiated on November 20, 2014. A review of the documentation submitted for IMR included a physician's evaluation dated September 9, 2014. The evaluator documented that the injured worker reported feelings of sadness on a daily basis, feelings of low self-worth, difficulty making decisions and being self-critical. She complains of being distracted and found it hard to keep her focus. The evaluating physician documented that the injured worker's judgment showed her to be managing her activities of daily living and making reasonable life decisions. Her GAF Score was 56 identifying 21% whole person impairment. The evaluating physician determined that she remained a permanent and stationary status and determined that she was fit to return to her prior job position. He recommended continuing Wellbutrin and BuSpar.

IMR ISSUES, DECISIONS AND RATIONALES

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

(4) Alprazolam quantity 60 refills 0 taken by mouth, 1 tablet twice a day as needed: 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 History and Physical Examination Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, (4) Alprazolam quantity #60 no refills one po b.i.d. is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because and there is a risk of psychological and physical dependence. See the guidelines for additional details. In this case, there was no documentation indicating how long Alprazolam had been used by the injured worker. There was one QME in the medical record and a mental health outpatient interpreter report. The QME was performed by a certified psychiatrist. In the body of the report, the physician noted a history of prior drug abuse (with cocaine and crack) and Xanax should be avoided. Additionally the medical record does not state how long the injured worker has been taking alprazolam (a benzodiazepine). Benzodiazepines are not to be taking longer than two weeks because long-term efficacy is unproven and there is a risk of psychological and physical dependence. Consequently, Alprazolam (4) #60 refills one PO PID is not medically necessary.

Buspar quantity 60, refill 0, taken by mouth 1 tablet twice a day: 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 History and Physical Page(s): 5.

Decision rationale: Pursuant to Chronic Pain Medical Treatment Guidelines and Drugs.Com, Buspar #60., no refills, one tablet BID is not medically necessary. Buspar and anti-anxiety medication used to treat symptoms of anxiety and symptoms of anxiety such as fear, tension, etc. See attached link for details. In this case, the injured worker was seen by board-certified psychiatrist in a QME and a mental health provider. There was no documentation from the primary treating physician or progress notes in the medical record. Consequently, after the appropriate clinical indication, clinical rationale, history and physical examinations with a detailed assessment by the treating physician, Buspar affects 60, no refills, one tablet b.i.d. is not medically necessary.

Bupropion quantity 60 refills, 0 by mouth: 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 History and Physical Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, and Drugs.com, Bupropion (Wellbutrin) #60 is not medically necessary. Wellbutrin is recommended as an option after other agents. While Wellbutrin has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Wellbutrin is an antidepressant medication used to treat major depression and seasonal affective disorder. In this case, the injured worker was seen by a board-certified psychiatrist and a mental health provider. There was no documentation in the medical record supplied for review from the primary treating physician. There was no history, physical or assessments or plans in the record. There was no clinical indication of clinical rationale from the treating physician for Wellbutrin. Consequently, absent the appropriate clinical documentation by the treating physician, Bupropion #60 is not medically necessary.

Fioricet quantity 60, refills 0 taken by mouth, 1 tablet as an outpatient: 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 Official Disability Guidelines (ODG); Pain Section, Fioricet:

Decision rationale: Pursuant to the Official Disability Guidelines, Fioricet #60, 1 tablet as an outpatient is not medically necessary. Fioricet is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy for this drug class. See the ODG for additional details. In this case, the injured worker has a history of drug abuse with cocaine. Fioricet has a high potential for drug dependence. Additionally, Fioricet is not indicated for the treatment of chronic pain. Consequently, Fioricet #60, one tablet as an outpatient is not medically necessary.