

Case Number:	CM14-0207278		
Date Assigned:	02/03/2015	Date of Injury:	06/19/1995
Decision Date:	03/18/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female who reported injury on 06/19/1995. The injured worker's diagnoses included major depressive disorder, single episode, severe without psychotic; pain; and nicotine dependence. The mechanism of injury was not provided. The documentation indicated the injured worker's medications as of June included Paxil, Xanax and Wellbutrin. Other therapies included physical therapy. The documentation of 10/21/2014 revealed the injured worker's medications were beneficial. The medication should be continued to avoid relapse deterioration. The injured worker underwent cervical surgery and an intrathecal pump implant. The injured worker's Beck Depression Inventory and Anxiety scale were noted to be monitored. The documentation of 12/10/2013 revealed the injured worker's medications included Paxil, Wellbutrin and Xanax and the medications should be continued. There was no Request for Authorization submitted for the specific medications being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 5mg #120: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that benzodiazepines are not recommended for injured workers with chronic for longer than 4 weeks due to the high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy for the requested medication was not provided. The request, as submitted, failed to indicate the frequent for the requested medication. Given the above, the request for Xanax 5 mg #120 is not medically necessary.

Paxil 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the change in the use of other analgesic medications, sleep quality, duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended period of time. There was a lack of documentation of an objective decrease in pain and objective functional improvement. The injured worker's Beck Depression Inventory and Anxiety scale were noted to be monitored. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Paxil 10 mg #90 is not medically necessary.

Wellbutrin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the change in the use of other analgesic medications, sleep quality, duration and psychological assessments. The clinical documentation submitted for

review indicated the injured worker had utilized the medication for an extended period of time. There was a lack of documentation of an objective decrease in pain and objective functional improvement. The injured worker's Beck Depression Inventory and Anxiety scale were noted to be monitored. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Wellbutrin 100 mg #60 is not medically necessary.