

Case Number:	CM15-0014523		
Date Assigned:	02/03/2015	Date of Injury:	08/12/2011
Decision Date:	04/02/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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
 Certification(s)/Specialty: Internal Medicine

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 48 year old female, who sustained an industrial injury on 8/12/11. She has reported injuries to her jaw bone, teeth, nose, throat, neck, left shoulder, wrist, mid to lower back, left knee elbows and head after a car accident. The diagnoses have included cervical spine strain/sprain, tendinitis left shoulder, thoracic spine strain/sprain, lumbar spine strain/sprain, left knee strain/sprain, depression, and post traumatic stress disorder. Treatment to date has included medications, diagnostics, cortisone injections, surgery, physical therapy and psyche visits. Surgeries included arthroscopy left shoulder, left shoulder subacromial decompression with bursectomy of subacromial; and subdeltoid regions, release of coracromial ligament with acromioplasty and injection of left shoulder joint. Currently, the injured worker complains of continued depression related to pain and her work related injuries. There has been no change in her physical exam. The treating physician requested a psychiatric evaluation and to obtain medication refills. The psychological visits were documented and past diagnostics were noted. Work status was temporary total disability. On 12/31/14 Utilization Review non-certified a request for Ambien 10mg, Ativan 0.5mg and Wellbutrin 300mg, noting that regarding the Ambien 10mg the records do not support a diagnosis or objective or subjective findings for use of Ambien. Regarding Ativan 0.5mg, further consideration will be given to the request with proper documentation. The records do not support a diagnosis or objective or subjective findings for use of Ativan. Regarding the Wellbutrin, further consideration will be given to the request with proper documentation. The records do not support a diagnosis or objective or subjective

findings for use of Wellbutrin. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: 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 (Chronic) Zolpidem (Ambien).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The primary treating physician's progress report dated 12/22/14 did not document subjective complaints, physical examination findings, or diagnosis. The treatment plan included a prescription for Ambien. Because subjective complaints, physical examination findings, and diagnosis were not documented in the 12/22/14 progress report, the request for Ambien is not supported. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien is not medically necessary.

Ativan 0.5mg: 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 Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities).

Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. Benzodiazepines are not recommended as first-line medications by ODG. The primary treating physician's progress report dated 12/22/14 did not document subjective complaints, physical examination findings, or diagnosis. The treatment plan included a prescription for Ativan. Because subjective complaints, physical examination findings, and diagnosis were not documented in the 12/22/14 progress report, the request for Ativan is not supported. Medical records document the long-term use of benzodiazepines. MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the request for Ativan is not supported. Therefore, the request for Ativan is not medically necessary.

Wellbutrin 300mg: 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 Wellbutrin (Bupropion) Pages 16, 27, 125. Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Wellbutrin <http://www.drugs.com/pro/wellbutrin.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) indicates that Wellbutrin (Bupropion) is an antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Wellbutrin has been shown to be effective in relieving neuropathic pain of different etiologies. Bupropion has shown some efficacy in neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA guidelines indicate that Wellbutrin is indicated for the treatment of major depressive disorder. The primary treating physician's progress report dated 12/22/14 did not document subjective complaints, physical examination findings, or diagnosis. The treatment plan included a prescription for Wellbutrin. Because subjective complaints, physical examination findings, and diagnosis were not documented in the 12/22/14 progress report, the request for Wellbutrin is not supported. Therefore, the request for Wellbutrin is not medically necessary.