

Case Number:	CM15-0134319		
Date Assigned:	07/22/2015	Date of Injury:	10/10/1998
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 was a 54 year old female who sustained an industrial injury while lifting a heavy box on 10/10/1998. She has received 8 biofeedback sessions and medication management. Diagnoses include dysthymic disorder; pain disorder associated with both psychological factors and general medical conditions, and anxiety disorder NOS. Medically she suffers from diabetes and hypertension. In 01/2015 she reported being "dependent" on Ambien and having nightmares. She was switched to temazepam. Psychiatric QME of 03/06/15 showed decrease in anxiety, tension, irritability and insomnia, and slight decrease in depression. Recommendation was to continue Bupropion, Xanax, and Lunesta. A progress report of 05/06/2015 shows chief complaint of right hand pain with numbness. She was worried about difficulty getting the sensation back. She reported depression varying from moderate to severe, complained of crying and decreased self esteem, poor sleep quality and waking up a lot. She indicated that she received only mild benefits from "psychiatrist" medications. Burn's Depression score=32 (moderate) and Burn's Anxiety score=31 (severe). The treatment plan included prescriptions for Bupropion, Lunesta and Xanax. There is an Epworth Sleepiness Scale=24 (abnormal) of 07/07/15. The patient continued to have depression, anxiety, and sleep disturbance. She was to remain off work till 07/21/15. Current medications include Xanax 2mg TID, bupropion 200mg QD, and Lunesta 3mg QHS prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg TID for Anxiety, Unspecified quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23 of 127.

Decision rationale: Xanax is a benzodiazepine, which is not recommended for long term use due to the potential for abuse and dependence, and diminishing anxiolytic effect over long term use. MTUS guidelines recommend limited use of no greater than 4 weeks. In anxiety disorders, ODG's recommendations for first line treatment of anxiety disorders is an antidepressant (e.g. SSRI/SNRI) or the 5HT1 agonist buspirone (Buspar), with benzodiazepines used in the acute phase only. In generalized anxiety disorder, ODG recommends use of other nonbenzodiazepine agents with a more benign side effect profile. The patient has exceeded guidelines in terms of time of usage. In addition, UR of 06/11/15 modified this request to allow for safe taper. There has been more than adequate time for this to occur. This request is therefore not medically necessary.

Bupropion 200mg for Depression, Unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not discuss bupropion in depression. Official Disability Guidelines Mental Illness & Stress Antidepressants for treatment of MDD (Major Depressive Disorder).

Decision rationale: The patient suffers from dysthymic disorder and anxiety disorder NOS. While an antidepressant is recommended more in the treatment of major depressive than dysthymic disorder, it is recommended as first line treatment in anxiety disorders. The patient has also been taking Xanax 2mg for anxiety, which is noncertified in this UR. Although it would be contraindicated to remove the antidepressant until another evaluation could take place to assess the efficacy of the bupropion without the Xanax, no quantity was specified. As such, this request is not medically necessary.

Lunesta 3mg QHS PRN for Insomnia, Unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not discuss Lunesta. Official Disability Guidelines Mental Illness & Stress Insomnia treatment.

Decision rationale: The patient has document sleep disturbance been on Lunesta since at least her psychiatric QME in 03/2015. There was no indication of the efficacy of this medication for the patient or other rationale for her to remain on it. There was no quantity requested. This request is therefore not medically necessary.