

Case Number:	CM15-0134733		
Date Assigned:	07/23/2015	Date of Injury:	03/07/2013
Decision Date:	09/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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: Emergency 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 58 year old male, who sustained an industrial injury on 3/7/2013. The mechanism of injury is not indicated. The injured worker was diagnosed as having adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included medications. The request is for Xanax, and Wellbutrin. On 3/6/2015, he reported reduced irritability, tension, anxiety and depression. The treatment plan included: Xanax, Wellbutrin and follow up in 12 weeks. On 5/29/2015, he reported his anxiety, tension and irritability were reduced, depression reduced, and he denied crying episodes. His work status is reported as permanent and stationary. He is reported as mentally the same but still in physical pain, and having had good response to treatment with no new symptoms or side effects with psychiatric medications. The treatment plan included: Xanax, and Wellbutrin, and follow up in 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #90 with 2 refills: 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), Mental Illness & Stress, Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: The request is for Xanax, or alprazolam, which is a benzodiazepine. It is a class of medications used for the treatment of short-term management of a variety of conditions, including anxiety, panic attacks, depression, insomnia and seizures. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of significant side effects and dependence. Tolerance develops quickly. Long-term use may actually increase anxiety. A more appropriate long-term treatment for anxiety is an antidepressant. The Official Disability Guidelines do not recommend long-term use of benzodiazepines (greater than 2 weeks), because long-term efficacy is unproven and is outweighed by the risk of psychological and physical dependence, as well as addiction. Most guidelines limit use to 4 weeks. Furthermore, the risk of adverse effects is significantly higher with the concomitant use of opioids. The request as written far exceeds the medical benefit of alprazolam and incurs further risk. The request as written is not medically necessary.

Wellbutrin SR 300mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Antidepressants (therapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

Decision rationale: The request is for Wellbutrin, or bupropion, which is an atypical antidepressant that may also be used for treatment of neuropathic pain. The MTUS guidelines recommend antidepressants as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, it is recommended as an option in depressed patients, but effectiveness is limited. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. In the treatment of radiculopathy, antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. For osteoarthritis, no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis, but improving depression symptoms was found to decrease pain and improve functional status. The injured worker has been diagnosed with adjustment disorder with mixed anxiety and depressed mood. While the injured worker is still in physical pain, there is documentation of an improvement in mood and a decrease in anxiety. Therefore, the continued use of Wellbutrin appears to have medical benefit, and is therefore medically necessary at this time.

