

Case Number:	CM15-0182360		
Date Assigned:	09/23/2015	Date of Injury:	02/01/2000
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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 is a 60 year old male, who sustained an industrial injury on February 1, 2000. Medical records indicate that the injured worker is undergoing treatment for chronic pain, cervical radiculopathy, lumbar radiculopathy, occipital neuralgia, headaches, cervicgia, anxiety and depression. The injured worker is currently not working. On (7-14-15) the injured worker complained of neck pain that radiated down the bilateral upper extremities. Associated symptoms included constant numbness of the upper extremities and headaches. The pain was aggravated by activity, pushing, pulling and repetitive head movements. The pain was rated 6 out of 10 with medications and 8-9 out of 10 without medications. The injured workers pain was reported to have worsened recently. On (8-14-15) the injured worker complained of anxiety, depression, and difficulty getting to sleep, difficulty with staying asleep, and lack of motivation, diminished self-esteem and decreased energy. Objective findings included visible anxiety and depressed facial expressions. The treating physician noted that the injured worker had been provided with general instructions on sleep hygiene including the preclusion of caffeinated beverages, sleeping during the day and a regular sleep time. Treatment and evaluation to date has included medications, x-rays, MRI of the lumbar spine (2011), physical therapy, chiropractic treatments, acupuncture treatments, cervical epidural steroid injections, psychological evaluation and a cervical fusion. Current medications include Ibuprofen, Omeprazole, Ambien, Celebrex, Lidoderm 5% patches and the new medications prescribed (8-14-15) Buspar, Prosom and Wellbutrin. The request for authorization dated 8-14-15 includes requests for Buspar 10 mg # 60 with 2 refills, Prosom 2 mg # 30 with 2 refills, Wellbutrin 100 mg # 60 with 2 refills and

unknown amount of medication management sessions. The Utilization Review documentation dated August 28, 2015 modified the requests for Buspar 10 mg # 60 with 1 refill (original request 2 refills), Prosom 2 mg # 30 with 1 refill (original request 2 refills), Wellbutrin 100 mg # 60 with 1 refill (original request 2 refills) and 1 medication management session.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Buspar 10mg #60 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, Buspar.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain/Anxiety medications in chronic pain.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The request for 1 Prescription of Buspar 10mg #60 with 2 refills i.e. a three month supply is excessive and is not medically necessary as it is approved only for short-term relief of anxiety symptoms. It is to be noted that the UR physician authorized one-month supply of Buspar.

1 Prescription of Prosom 2mg #30 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;, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Prosom (estazolam), a triazolobenzodiazepine derivative, is an oral hypnotic agent. Prosom (estazolam) is indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. The request for 1 Prescription of Prosom 2mg #30 with 2 refills is excessive and is not medically necessary as per guidelines, benzodiazepine medications are indicated only short term treatment and their use should be limited to 4 weeks.

1 Prescription of Wellbutrin 100mg #60 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, Anti depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "Bupropion (Wellbutrin (R), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss. Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" ODG states "MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with Major Depressive Disorder. Per most recent progress report dated 8-14-15, the injured worker complained of anxiety, depression, difficulty getting to sleep, difficulty with staying asleep, lack of motivation, diminished self-esteem and decreased energy. Objective findings included visible anxiety and depressed facial expressions. There is no evidence of medical stability with the ongoing treatment with the current medications. The request for 1 Prescription of Wellbutrin 100mg #60 with 2 refills is excessive and is not medically necessary. It is to be noted that the UR physician authorized one-month supply of Bupropion.

Unknown medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with

eventual patient independence from health care system through self care as soon as clinically feasible." The request is not medically necessary, as it does not specify the number of medication management sessions being requested.