

Case Number:	CM15-0203612		
Date Assigned:	10/20/2015	Date of Injury:	08/29/1997
Decision Date:	12/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female with a date of injury on 8-29-97. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain, depression and anxiety. Progress report dated 8-27-15 reports follow up for anxiety and depression. She is having problems with depression, sadness, lack of motivation, unable to focus and problems completing tasks. Wellbutrin SR was increased to two times per day and she reports feeling better. She takes Ambien for difficulty sleeping at night, Nuvigil for sleepiness during the day and Xanax for anxiety. Education about medication risks, benefits, adverse effects and therapeutic effects was discussed in detail. Treatments include: medication, acupuncture, physical therapy. According to the medical records given she has been taking Ambien, Nuvigil, Wellbutrin and Xanax at least since 7-16-15. Request for authorization dated 9-23-15 was made for Ambien CR 6.5 mg quantity 30, Nuvigil 250 mg quantity 30, Wellbutrin SR 200 mg quantity 90 and Xanax 1 mg quantity 90. Utilization review dated 10-1-15 modified the request to certify Ambien CR 6.5 mg quantity 15, Nuvigil 250 mg quantity 15, Wellbutrin SR 200 mg quantity 90 and Xanax 1 mg quantity 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 6.5mg #30: 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), Pain (Chronic).

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

Decision rationale: This is a review for the requested Ambien CR 6.5 mg #30. Ambien is a non-benzodiazepine medication used in the treatment of insomnia. According to the ODG this medication is not recommended for long-term use. Short term use is recommended, which is usually two to six weeks. There is evidence to suggest this patient has been prescribed ambien for longer than a six week period of time. There are adverse side effects of concern with this medication. Specific side effects related to Ambien CR include a greater frequency of dizziness, drowsiness and headache. In addition, recommendations include evaluation of sleep hygiene and Cognitive Behavioral Therapy techniques. For these reasons the above listed issue is considered NOT medically necessary.

Nuvigil 250mg #30: 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) Armodafinil (Nuvigil)- Pain (Chronic).

Decision rationale: This is a review for the requested Nuvigil 250 gm #30. According to the ODG Nuvigil is not recommended to counteract the sedative effects of narcotics. The reason for this prescription is unclear to this practitioner. There is evidence to suggest this patient has had previous issues with narcotic medication dependence and/or tolerance and this should be addressed at once. Although the MTUS is silent on this issue, according to the ODG this medication is used to treat excessive sleepiness caused by narcolepsy or shift work disorder. For these reasons the above listed issue is considered NOT medically necessary.

Wellbutrin SR 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: This is a review for the requested Wellbutrin SR 200mg #90. Wellbutrin is a non-tricyclic antidepressant. It is a norepinephrine and dopamine reuptake inhibitor. Although

Wellbutrin is recommended as an option it is only after other agents. Unfortunately, according to the MTUS guidelines there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. In this case there is no clear evidence of neuropathic low back pain. In addition, the side effect profile for Wellbutrin includes headache, agitation and insomnia and may be contributing to some of the other symptoms this patient is experiencing. For these reasons the above listed issue is considered to be NOT medically necessary.

Xanax 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Chronic pain programs, intensity, Weaning of Medications.

Decision rationale: This is a review for the requested Xanax 1 mg #90. In general according to the MTUS guidelines benzodiazepines are not recommended for long-term use. Use is usually limited to four weeks as long term efficacy has not been proven. Also the lasting benefit of chronic pain medications such as Xanax should include evaluation of the effect of pain relief and improvement in function and/or increased activity. There is no evidence to show that this patient has experienced improved pain relief or improved function as a result of Xanax. Tolerance to the effects of benzodiazepines such as Xanax also develops rapidly and can cause an increase in anxiety. For these reasons the above listed issue is considered to be NOT medically necessary.