

Case Number:	CM15-0222182		
Date Assigned:	11/17/2015	Date of Injury:	09/28/2012
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/12/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on September 28, 2012. The injured worker was diagnosed as having intractable occipital neuralgia secondary to closed head trauma and cervical spine injury, post traumatic labyrinthitis causing dizziness and imbalance, uncontrolled panic attacks, chronic myofascial pain syndrome, cervical and thoracolumbar spine, and lumbosacral spine radiculopathy. Treatment and diagnostic studies to date have included medication regimen and trigger point injections. In a progress note dated September 24, 2015 the treating physician reports complaints of headaches that were noted to be "less intense", along with complaints of constant pain to the neck, upper back, and the lower back. Examination performed on September 24, 2015 was revealing for decreased range of motion to the lumbar spine, myofascial trigger points and taut bands to the cervical paraspinal muscles, the trapezius muscles, levator scapulae muscles the scalene muscles, infraspinatus muscles, thoracic paraspinal muscles, the lumbar paraspinal muscles, and the gluteal muscles, positive neck compression testing, positive Romberg testing, unable to perform heel gait, and decreased sensation to the bilateral legs to the mid-calf region. The injured worker's medication regimen on September 24, 2015 included the medication Xanax and Wellbutrin SR (since at least prior to June 01, 2015). The injured worker's pain level on September 24, 2015 was rated a 6 out of 10 on a scale of 1 to 10 without the use of his medication regimen and rated the pain level a 1 to 2 out of 10 with the use of his medication regimen along with noting a 60% improvement of headaches, 50% improvement in the neck and back pain, and a 60 to 80% improvement in "overall pain and ability to function" with the use of the injured worker's medication regimen that "allows him to perform activities of daily living with less discomfort

such as sitting, walking, bending, lifting, bathing, cooking, sleeping, and socializing". On September 24, 2015 the treating physician noted that the injured worker was noted to be "moderately depressed and has also noticed moderate problems sleeping without medications" along with noting that the injured worker has anxiety attacks that were noted to have "appreciable relief of symptoms with the use of the medication Xanax." The progress notes provided did not include the specific symptoms of the anxiety, the frequency of the anxiety attacks, or any other treatment of the anxiety and depression. On September 24, 2015 the treating physician requested the Xanax ER 0.5mg 1 tablet twice a day with a quantity 90 times 6 weeks for anxiety and Wellbutrin SR 100mg at bedtime with a quantity of 90 for depression. On October 12, 2015 the Utilization Review determined the request for Wellbutrin SR 100mg at bedtime with a quantity of 90 and Xanax ER 0.5mg 1 tablet twice a day with a quantity 90 times 6 weeks to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin SR 100mg QHS #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants, and Stress/Mental, under antidepressants.

Decision rationale: This claimant was injured three years ago with reported intractable occipital neuralgia due to closed head trauma and cervical spine injury, posttraumatic labyrinthitis causing dizziness and imbalance, uncontrolled panic attacks, chronic myofascial pain syndrome, and lumbar radiculopathy. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The doctor notes this medicine is for depression. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.

Xanax ER 0.5mg 1 tab BID #90 x 6 weeks: Upheld

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

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

Decision rationale: This claimant was injured three years ago with reported intractable occipital neuralgia due to closed head trauma and cervical spine injury, posttraumatic labyrinthitis causing dizziness and imbalance, uncontrolled panic attacks, chronic myofascial pain syndrome, and lumbar radiculopathy. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: 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. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. Therefore, the requested treatment is not medically necessary.