

Case Number:	CM15-0032675		
Date Assigned:	02/26/2015	Date of Injury:	12/23/2011
Decision Date:	04/10/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on December 23, 2011. He has reported a crush injury while operating a forklift where he fell to the ground. The most current diagnosis is adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included psychological evaluation, psychiatric consultation, diagnostic studies, surgery, physical therapy, psychotherapy and medications. On January 20, 2015, the injured worker reported overall improvement in moods. His anxiety, tension and irritability were noted to be reduced along with his depression. He was noted to have a good response to treatment. He exhibited a less tense and dysphoric mood. There was frequent smiling and occasional laughing. His affect was appropriate. He did not exhibit panic attacks or obsessive rituals. His current treatment plan included Ativan and Wellbutrin medications. On January 21, 2015, Utilization Review modified a request for Ativan 1mg #90 with 2 refills to Ativan 1mg #68 with no refills, noting the Official Disability Guidelines. Utilization Review modified a request for Wellbutrin XL 300mg #90 to Wellbutrin XL 300mg #68, noting the ACOEM Guidelines. On February 20, 2015, the injured worker submitted an application for Independent Medical Review for review of Ativan 1mg #90 with 2 refills and Wellbutrin XL 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #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, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia treatment.

Decision rationale: Per the 01/20/15 report the patient presents with overall improvement in moods. His anxiety, tension and irritability were noted to be reduced along with his depression. He was noted to have a good response to treatment. He exhibited a less tense and dysphoric mood. His listed diagnosis is Adjustment disorder with mixed anxiety and depressed mood. The 12/10/14 report states the patient presents with Right thigh and knee pain with irritation caused by his current prosthesis s/p right leg amputation. The current request is for ATIVAN 1mg #90 WITH 2 REFILLS-Lorazepam, a Benzodiazepine per the 01/14/15 RFA. This request was modified by utilization review to #68 with no refills. The patient is not working as of 09/19/14. MTUS, Benzodiazepines, page 24 states, not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. ODG, Insomnia treatment, states Benzodiazepine sedative hypnotics are considered a first line treatment for insomnia. Only Eszopicolone is approved for use over 35 days. The treating physician states this medication is for anxiety or insomnia. The reports provided show the patient has been prescribed this medication since at least 06/17/14. In this case, the MTUS guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions. The patient has been prescribed this medication on a long-term basis and the reports provided do not explain why long-term use is required. The request IS NOT medically necessary.

Wellbutrin XL 300mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter, Bupropion Wellbutrin.

Decision rationale: Per the 01/20/15 report the patient presents with overall improvement in moods. His anxiety, tension and irritability were noted to be reduced along with his depression. He was noted to have a good response to treatment. He exhibited a less tense and dysphoric mood. His listed diagnosis is Adjustment disorder with mixed anxiety and depressed mood. The 12/10/14 report states the patient presents with Right thigh and knee pain with irritation caused by his current prosthesis s/p right leg amputation. The current request is for WELLBUTRIN

XL 300mg #90 per the 01/14/15 RFA. This request was modified by utilization review to #68. The patient is not working as of 09/19/14. The MTUS guidelines discuss this medication as a treatment for neuropathic pain. ODG, Mental Illness & Stress Chapter, Bupropion Wellbutrin states, recommended as a first-line treatment option for major depressive disorder. The treater states this medication is for depression, and the reports provided show that it has been prescribed since at least 06/17/14. In this case, the medication is indicated for a diagnosis of Major Depressive disorder and there is no evidence of this diagnosis in the reports provided. The request IS NOT medically necessary.