MAXIMUS Federal Services

| Case Number: | CM15-0052922 | | |
|---|---|---|---|
| Date Assigned: | 03/26/2015 | Date of Injury: | 07/20/2010 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

## 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: Illinois
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 57-year-old female who reported an injury on 10/07/2007. The mechanism of injury was handling boxes of glass floor tile. Her diagnoses include a lumbar herniated nucleus pulposus. The injured worker has received previous psychotherapy treatments. There is no surgical history provided. The progress report from 11/20/2014 notes that the injured worker has an increase of lower back pain with limited range of motion. She has a decrease in ADLs as well as an increase in stiffness. The physical exam notes that there is increased spasm and stiffness and decreased strength. The injured worker has a positive straight leg raise as well as paraspinal pain. The injured worker has decreased range of motion. The injured worker also has lower extremity numbness and weakness. The injured worker tested with anxiety and severe depression. The progress report from 10/20/2014 from her pain management physician notes that the injured worker's medications are tolerated well with no side effects. The meds help 90%. Her pain level was a 6/10. The injured worker's treatment plan was to refill medications, continue a home exercise program, use NSAIDs and ice, and return in a month.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion 100mg #30 x 9 for depression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Wellbutrin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

**Decision rationale:** The progress report from 11/20/2014 notes that the injured worker had 6/10 pain. The documentation notes that the injured worker tolerated the medication well with no side effects. The progress report from 11/20/2014 notes that the injured worker has increased lower back pain with limited range of motion. She also has a decrease in her ADLs as well as an increase in stiffness. There is paraspinal pain and increased spasm. The injured worker also has a positive straight leg raise. The California Medical Treatment Guidelines note that bupropion and antidepressants have not established long-term effectiveness of the medication. Antidepressants are recommended as a first line option for neuropathic pain and possibility for non-neuropathic pain. Side effects including excessive sedation should be assessed. The injured worker does have documentation of a depressive disorder. However, antidepressants are not recommended for long-term use. The request is for 9 refills which would exceed guideline recommendations for short term use. Therefore, the request for bupropion 100 mg #30 x9 for depression is not medically necessary.

**Alprazolam 0.5mg #90 x9 for anxiety:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**Decision rationale:** The progress report from 11/20/2014 noted that the injured worker had 6/10 pain. The documentation notes that the injured worker tolerated the medication well with no side effects. The progress report from 11/20/2014 notes that the injured worker has increased lower back pain with limited range of motion. She also has a decrease in her ADLs as well as an increase in stiffness. There is paraspinal pain and increased spasm. The injured worker also has a positive straight leg raise. The California Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines limit the use to 4 weeks. The request is for 9 refills which would exceed guideline recommendations for short term treatment. Therefore, the request for alprazolam 0.5 mg #90 x9 for anxiety is not medically necessary.

**Seroquel 50mg #30 x 9 for sleep:** 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 Chapter, Quetiapine (Seroquel).

**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 and stress, Atypical Antipsychotics.

**Decision rationale:** The progress report from 11/20/2014 noted that the injured worker had 6/10 pain. The documentation notes that the injured worker tolerated the medication well with no side effects. The progress report from 11/20/2014 notes that the injured worker has increased lower back pain with limited range of motion. She also has a decrease in her ADLs as well as an increase in stiffness. There is paraspinal pain and increased spasm. The injured worker also has a positive straight leg raise. The Official Disability Guidelines do not recommend atypical antipsychotics as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the ODG. Using atypical antipsychotics for an antidepressant provides limited improvement in depressive symptoms in adults. The injured worker is already receiving medication to help with depression and sleep. There was also limited documentation that antidepressants help improve present symptoms. Atypical antipsychotics should be used for injured workers with a serious mental illness diagnosis. Therefore, the request for Seroquel 50 mg #30 x9 for sleep is not medically necessary.

**Temazepam 30mg #30 x 9:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The progress report from 11/20/2014 notes that the injured worker had 6/10 pain. The documentation notes that the injured worker tolerated the medication well with no side effects. The progress report from 11/20/2014 notes that the injured worker has increased lower back pain with limited range of motion. She also has a decrease in her ADLs as well as an increase in stiffness. There is paraspinal pain and increased spasm. The injured worker also has a positive straight leg raise. The California Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. There was no documentation of intention for short term use of Temazepam. The request for 9 refills will exceed guideline recommendations. Therefore, the request for Temazepam 30 mg #30 x9 is not medically necessary.