

<b>Case Number:</b>	CM14-0134829		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	04/18/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

There were 75 pages for review. The services that were modified or denied were Wellbutrin XL, Amitiza, and Xanax. Per the records provided, the notes from February 17, 2014, indicate that the claimant received a certification for Oxycontin extended release 60 mg #180, and Oxycodone 30 mg #360. There was a partial certification for Soma to allow for weaning and complete discontinuation, and certification for Zolpidem. There was also certification for Trazodone with recommendations for downward titration and certification for Bupropion XL with suggestion for downward titration if no improvement were noted. There was a progress report from April 17, 2014. The claimant's visual analog score pain is 6 out of 10. The patient does continue to experience issues in the lumbar spine with both axial and radicular pain. There is acute muscle spasm throughout the mid-to low back. There is pathology in the sacroiliac joints. It was felt the claimant should continue with the use of Oxycontin, and also Oxycodone for general and breakthrough pain. There is a significant amount of anxiety. The patient uses Soma for severe muscle spasm. On exam there was positive straight leg raise bilaterally and positive segues sign. The current medicines seem to help. There is however no evidence of objective improvement noted with the medicines. The claimant uses Amitiza for constipation. The objective benefit is not noted, nor that dietary or fiber alternatives have failed. Xanax is not recommended for long-term usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150mg #30:** Upheld

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

**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, Antidepressants.

**Decision rationale:** Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is 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. If used for pain, it is not clear what objective measurable improvement in function the claimant had. It is not clear if this claimant has a DSM-IV qualified major depressive disorder. The request is not medically necessary.

**Amitiza:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, 2014 Epocrates Web edition, Amitiza.

**Decision rationale:** The MTUS and ODG are silent on the medicine. The Physician's Desk Reference, 2014 web edition, notes this medicine is for chronic idiopathic constipation. It is not clear what first line measures against constipation had failed, such as dietary changes or fiber. Also, there are first line anti-constipation medicines that should be tried before moving onto this newer medicine. The request is not medically necessary.

**Xanax 2mg #120:** Upheld

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

**Decision rationale:** 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 not medically necessary.