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| Case Number: | CM14-0177280 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 09/22/2003 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 Psychiatry 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:

The injured worker is a 43 year old female with date of injury 09/22/2003. Date of the UR decision was 10/03/2014. Injured worker has been diagnosed with Mild cervical discopathy; Mild lumbar discopathy; Lumbar facet arthropathy; Bilateral carpal tunnel syndrome, mild; Status post left wrist ganglion cyst excision; left greater than right upper extremity tendinopathy; right knee pain; bilateral knee tendinopathy; obesity and anxiety/depression. Report dated 8/1/2014 listed subjective complaints as she "still cries, sleeps 6 hours and says that the medications help". Objective complaints listed that she been taking these medications for years. It is medically necessary to continue taking the meds for her well-being. She was diagnosed with Insomnia-Type Sleep Disorder, Single Episode Moderate and Major Depressive Disorder, Single Episode, Moderate. She was being prescribed Wellbutrin XL 300mg every morning #32 for depression; Ativan 0.5 mg twice daily #60 for anxiety and Restoril 30mg nightly #30 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 300mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding 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), Stress and Mental Illness; Bupropion (Wellbutrin), Antidepressants for Treatment of MDD (Major Depressive Disorder)

Decision rationale: MTUS talks about use of Bupropion in chronic neuropathic pain but is silent regarding its use in depression. ODG states "Bupropion (Wellbutrin) is Recommended as a first-line treatment option for major depressive disorder. It also states "Antidepressants for treatment of MDD (major depressive disorder): 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. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. The submitted documentation suggests that the injured worker has been diagnosed with Insomnia-Type Sleep Disorder, Single Episode Moderate and Major Depressive Disorder, Single Episode, Moderate. ODG recommends use of Bupropion only in moderate, severe or Psychotic presentations of MDD. The request for Wellbutrin XL 300mg #30 is medically necessary.

Ativan 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24,124.

Decision rationale: MTUS states "Benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) The request for Ativan 0.5mg #60 is not medically necessary.

Restoril 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Restoril on an ongoing basis for insomnia with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Restoril 30mg #30 is excessive and not medically necessary.