

Case Number:	CM15-0115826		
Date Assigned:	06/24/2015	Date of Injury:	12/04/2002
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 54 year old male who sustained an industrial injury on December 4, 2002. He reported a psyche injury. The injured worker was diagnosed as having major depressive disorder, single episode, unspecified; generalized anxiety disorder with post-traumatic/panic, and psychological factors affecting medical condition (stress-intensified neck/shoulder/back tension/pain, shortness of breath, chest pain, palpitations, nausea, vomiting, constipation, and possible stress-aggravated fibromyalgia). On January 13, 2015, treating psychologist noted that the Beck Depression Inventory was performed, which indicated severe subjective depression. The Beck Anxiety Inventory was administered, which indicated severe level of anxiety. The Beck hopelessness scale was administered, which indicated a severe level of hopelessness. The Insomnia Severity Index was administered, which indicated severe insomnia. On March 31, 2015, the primary treating physician administered the Beck Depression Inventory, which revealed moderate to severe depression. Treatment to date has included psychotherapy, biofeedback, and medications including a hypnotic benzodiazepine, antipsychotic, anti-anxiety, and antidepressant. Work status: He is not currently working. On April 30, 2015, the injured worker complains of depression, lack of motivation, decreased energy, emptiness and inadequacy, difficulty thinking, weight loss/gain, excessive worry, inability to relax, pressure, disturbing memories, suspicion, and increased pain. He reported improved sleep and less time in bed. The objective behaviors included soft-spoken speech, a depressed facial expression, and visible anxiety. Requested treatments include: Temazepam 30mg, Alprazolam 0.5mg, and Bupropion 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 100mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: Antidepressants for treatment of MDD (major depressive disorder); Bupropion (Wellbutrin).

Decision rationale: The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. The Official Disability Guidelines (ODG) recommend antidepressants for the initial treatment of major depressive disorders that are moderate, severe, or psychotic unless electroconvulsive therapy is part of the treatment plan. Also, the Official Disability Guidelines (ODG) recommend Bupropion as a first-line treatment option for major depressive disorder. The medical record supports that the injured worker has been diagnosed with a severe major depressive disorder and the treatment plan does not include electroconvulsive therapy. Therefore, the request for Bupropion is medically necessary.

Alprazolam 0.5mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines, anxiety medications in chronic pain.

Decision rationale: This injured worker has a diagnosis of anxiety. Benzodiazepines have been prescribed for at least four months. Per the MTUS, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has also been prescribed temazepam, another benzodiazepine, and norco, an opioid. Due to length of use in excess of the guideline recommendations, and prescription of multiple benzodiazepines as well as an opioid medication, which is not recommended by the guidelines, the request for alprazolam is not medically necessary.

Temazepam 30mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines, anxiety medications in chronic pain.

Decision rationale: This injured worker has a diagnosis of anxiety. The documentation shows the injured worker has been taking Temazepam since at least January 6, 201 (for at least four months). Per the MTUS, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has also been prescribed alprazolam, another benzodiazepine, and norco, an opioid. Due to length of use in excess of the guideline recommendations, and prescription of multiple benzodiazepines as well as an opioid medication, which is not recommended by the guidelines, the request for temazepam is not medically necessary.