

Case Number:	CM15-0117017		
Date Assigned:	07/23/2015	Date of Injury:	10/02/2004
Decision Date:	09/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on 10/2/04. She reported a left shoulder injury. The injured worker was diagnosed as having right shoulder pain, bilateral shoulder surgery, bilateral carpal tunnel release 3, right triangular fibrocartilage debridement, right knee arthroscopy, left knee arthroscopy, partial thickness tearing of supraspinatus tendon and cervical sprain. Treatment to date has included cervical spine epidural steroid injection, oral medications including alprazolam, Inderal, naproxen 500mg, Norco 10-325mg, Restoril 30mg, Wellbutrin 500mg and Zoloft 50mg; right knee surgery, left knee arthroscopy, bilateral carpal tunnel release, left shoulder surgery, Butrans patch and activity restrictions. Currently on 5/28/15, the injured worker complains of cervical pain with radiation to left arm with stiffness and pain. She rates the pain 7/10 and notes it is relieved by rest; it is described as aching, burning, pressure, sharp, shooting, stabbing, tight stiff and heavy. She complains of aching and decreased range of motion of bilateral shoulders, described as aching, burning, cramping, dull, episodic, radiating, sharp, tender, throbbing, pinching, sore, stiff, stabbing, popping, grinding and heavy; it is rated 7/8/10 on left and 3-4/10 on right; bilateral wrist hand and wrist pain described as intermittent, pounding, radiating, sharp, shooting, tingling and numbness and rated 3-5/10 and bilateral knee pain described as aching, burning, shooting, throbbing, pinching, sore, stiff, pressure, stabbing and popping, rated 4-5/10 on left and 8-9/10 on right. She notes substantial benefit of medications. The provider notes a urine drug screen performed on 1/29/15 was within normal limits. Physical exam performed on 5/28/15 revealed pain with palpation over the C2-3, C3-4 and c4-5 facet capsules, bilateral secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational

extension, restricted cervical range of motion and tenderness to palpation of cervical paraspinal muscles with tenderness to palpation over the acromial joint as well as over the acromion. The treatment plan included a request for authorization for continuation of medications including alprazolam 0.5mg, Inderal 20mg, naproxen 500mg, Norco 10-325mg, Restoril 30mg, Wellbutrin 150mg and Zoloft 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #60 with 3 refills: 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: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, Benzodiazepine.

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

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There is no documentation provided indicating that the patient has a diagnosis of insomnia. The injured worker has utilized the medication since at least 8/20/14. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Zoloft 50mg #60 with 3 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, Metal Illness & Stress, Sertraline (Zoloft).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental-stress, Sertraline (Zoloft).

Decision rationale: Sertraline (Zoloft) is an antidepressant and a first line treatment option for major depressive disorder and posttraumatic disorder; it is an SSRI, (selective serotonin reuptake inhibitor). SSRI's are controversial based on controlled trials. The main suggested role of SSRI's may be addressing psychological symptoms associated with chronic pain. The injured worker did not have a diagnosis of major depressive disorder or post traumatic disorder. The injured worker had utilized Zoloft since at least 8/20/14. The request for 3 refills does not necessitate an interval for re-evaluation and periodic check as recommended with anti-depressant use. The request for Zoloft is not medically necessary.

Wellbutrin 150mg #60 with 3 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, Mental Illness and Stress, Bupropion (Wellbutrin).

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, Bupropion (Wellbutrin).

Decision rationale: ODG states Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. This patient has received a prescription with 3 refills. There is insufficient documentation to warrant additional medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.