

Case Number:	CM15-0123309		
Date Assigned:	07/07/2015	Date of Injury:	12/23/2011
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 35 year old male with a December 23, 2011 date of injury. A progress note dated March 3, 2015 documents subjective complaints (has had improvements in fit of prosthesis, more comfortable; less pain; pain up to 3/10 at its most; intermittent, dull, non-radiating, worse with motion), objective findings (antalgic gait; moves about gingerly, with stiffness, protectively), and current diagnoses (status post amputation distal to proximal 1/3 lower leg; status post crush injury/degloving injury right foot; status post complications of gangrene; adjustment disorder; anxiety; depression). Treatments to date have included medications, multiple right foot surgeries including amputation, imaging studies, physical therapy, and psychotherapy. The medical record indicates that the injured worker had difficulties with prosthesis fitting after the amputation. The treating physician documented a plan of care that included Ativan and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ativan 1mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no documentation of rational and efficacy of previous use of Ativan. In addition, The UDS collected on March 13, 2015 was negative for Ativan. Therefore, the request of 90 Ativan 1mg with 2 refills is not medically necessary.

1 Prescription of Wellbutrin XL 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

Decision rationale: According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain and major depression. In this case, the patient was not diagnosed with major depression. In addition, The UDS collected on March 13, 2015 was negative for Wellburtin. Based on the above, the prescription of Wellburtin XL 200MG #60 is not medically necessary.