

Case Number:	CM15-0149639		
Date Assigned:	08/12/2015	Date of Injury:	07/19/2011
Decision Date:	10/07/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male who sustained an industrial injury on 7-19-11 resulting in left hand fingers amputation, except the thumb. In a comprehensive progress note dated 6-2-15, the treating physician reports his diagnosis is post-traumatic stress disorder due to amputation injury he sustained to the left hand fingers except the thumb. Reactive anxiety, reactive depression, reactive residual pain, and phantom phenomena are noted. Currently he has problems accepting the change of body image, disfigurement it caused and loss of productivity resultant from the injury. He reports symptoms still interfere with his activities of daily living. He sometimes wears a prosthetic glove but reports it could be modified with better flexibility. A request for authorization dated 6-2-15, lists Cymbalta 30mg (#30), Wellbutrin XL 300mg (#30), Seroquel 25mg at bedtime (#30). In a progress report dated 6-22-15, the treating physician notes he continues to report numbness, tingling and sensitivity at the tip of the stump of the amputation as all of his fingers are totally gone, and his thumb is partially gone. The injured worker notes he still has flashbacks to the injury where he lost his left hand, which is why the psychiatric medications have been prescribed. He remains off of work. It is noted that the Cymbalta, Lorazepam and Bupropion which were prescribed by the psychiatrist will be formally requested. The requested treatment is Cymbalta, Lorazepam, and Bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta (unspecified dose, quantity), Qty: 1.00: 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 Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44.

Decision rationale: The claimant sustained a work injury in July 2011 resulting in amputation of the second through fifth fingers of his left hand. He continues to be treated for posttraumatic stress disorder, anxiety, depression, and residual pain. Medications being prescribed include Cymbalta 30 mg QAM, Wellbutrin XL 300 mg QAM, and lorazepam. When seen, his BMI was over 34. He was not wearing a prosthesis. There was limited hypersensitivity. There was minimal tenderness over the scar. There was moderate tenderness over the dorsum of the hand. There was minimal tenderness over the base of the second and third metacarpals. Cymbalta (duloxetine) can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The claimant has neuropathic pain after sustaining multiple finger amputations. The requested dose is consistent with that recommended and medically necessary.

Lorazepam (unspecified dose, quantity), Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p24.

Decision rationale: The claimant sustained a work injury in July 2011 resulting in amputation of the second through fifth fingers of his left hand. He continues to be treated for posttraumatic stress disorder, anxiety, depression, and residual pain. Medications being prescribed include Cymbalta 30 mg QAM, Wellbutrin XL 300 mg QAM, and lorazepam. When seen, his BMI was over 34. He was not wearing a prosthesis. There was limited hypersensitivity. There was minimal tenderness over the scar. There was moderate tenderness over the dorsum of the hand. There was minimal tenderness over the base of the second and third metacarpals. Lorazepam is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Ongoing, chronic use may actually be increasing the claimant's anxiety. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Bupropion (unspecified dose, quantity), Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant sustained a work injury in July 2011 resulting in amputation of the second through fifth fingers of his left hand. He continues to be treated for posttraumatic stress disorder, anxiety, depression, and residual pain. Medications being prescribed include Cymbalta 30 mg QAM, Wellbutrin XL 300 mg QAM, and lorazepam. When seen, his BMI was over 34. He was not wearing a prosthesis. There was limited hypersensitivity. There was minimal tenderness over the scar. There was moderate tenderness over the dorsum of the hand. There was minimal tenderness over the base of the second and third metacarpals. Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Wellbutrin (bupropion) is a noradrenaline and dopamine reuptake inhibitor that has been shown to be effective in relieving neuropathic pain of different etiologies and, in terms of depression, medications that are likely to be optimal for most patients include bupropion. The requested dosing is within guideline recommendations and medically necessary.