

<b>Case Number:</b>	CM15-0179687		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] who has filed a claim for chronic neck pain, shoulder pain, and low back pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of June 19, 2014. In a Utilization Review report dated August 29, 2015, the claims administrator failed to approve requests for Xanax, Wellbutrin, and a hand surgery consultation. A July 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant was placed off work, on total temporary disability. Multifocal complaints of neck pain, upper back pain, low back pain, shoulder pain, hand pain, knee pain, finger pain, and foot pain with derivative complaints of depression, irritability, anxiety, loss of memory and loss of appetite were reported. The applicant was given diagnosis of trigger fingers of the thumb, third and fourth digits of the right hand, and tenosynovitis of the left thumb. The applicant was asked to follow up with a hand surgeon while remaining off work, on total temporary disability. No seeming discussion of medication efficacy transpired on this date. The applicant's medications list was not detailed. On an RFA form dated July 13, 2015, Naprosyn, Xanax, Wellbutrin, and a hand surgery consultation were sought. In an associated progress note dated July 13, 2015, the applicant was placed off work, on total temporary disability. Xanax was being employed for sedative effect, the treating provider contended. The applicant reported that his thumb pain complaints, low back pain complaints, and insomnia had all worsened over time. It was not clearly stated whether the Wellbutrin was being employed for depression or for chronic pain. An interferential unit was also apparently prescribed and/or dispensed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.05 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the renewal request for 30 tablets of Xanax implied chronic, long-term, and/or nightly usage of the same, for sedative effect, i.e., usage which ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

**Wellbutrin 100 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antidepressants for chronic pain.

**Decision rationale:** Similarly, the request for Wellbutrin, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Wellbutrin may be helpful in alleviating symptoms of depression, and while page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Wellbutrin had been shown to be effective in relieving neuropathic pain of different etiologies, both recommendations are, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, progress notes August 17, 2015 and July 13, 2015 seemingly failed to incorporate any discussion of medication efficacy. The applicant's continued complaints of depression, irritability, crying spells, loss of appetite, loss of memory, daytime somnolence, insomnia, heightened low back pain, coupled with the applicant's failure to return to the work, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Hand Surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Finally, the request for a hand surgeon referral was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 11, page 270, referral for hand surgery consultation is indicated in applicants who have clear clinical or special study evidence of a lesion shown to benefit from surgical intervention. Here, the applicant was described as carrying diagnosis of left and right trigger thumbs, superimposed on issues with right third and fourth digits trigger fingers. Thus, the applicant did have a number of issues and/or diagnoses (trigger fingers/trigger thumbs), which were seemingly amenable to surgical correction. Moving forward with the hand surgeon consultation/hand surgeon follow-up visit was, thus, indicated. Therefore, the request was medically necessary.