

Case Number:	CM15-0064621		
Date Assigned:	04/20/2015	Date of Injury:	07/20/2001
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 was a 45 year old female whose date of injury is 07/20/2001. She was struck by a rolling dolly. When she failed to improve she developed psychiatric symptoms. She received left shoulder and left knee arthroscopic surgery, physical therapy, Norco and Flector topical cream. Diagnoses include right knee anterior pain, patellofemoral pain syndrome, cervical myofascial pain, obesity, herniated nucleus pulposus at L5-S1 with extruded disc herniation, She was seen on 08/19/2014 with the complaints of pain in the right knee, low back, and neck. Treatment plan included prescriptions for Xanax and Wellbutrin XL. A PR2 of 12/14/14 by [REDACTED] noted that the patient had been on medications for over a year for depression with increased function in activities of daily living. Diagnoses were major depressive disorder moderate and psychological factors affecting medical condition. UR of 03/17/15 modified Wellbutrin XL to 400mg and noncertified Xanax. There is a request for authorization of 04/20/15. The patient reported symptoms of depression including decreased motivation, irritability, decreased sleep, and tearfulness. Medications included Wellbutrin XL 150mg three in the morning, Xanax 0.25mg QD, Klonopin 2mg in the evening and 0.5mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .25mg #30 (1 every day): 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.

Decision rationale: Xanax is an anxiolytic in the benzodiazepine class. Per MTUS, benzodiazepines are not recommended for long-term use due to their potential for abuse and dependence. The use of this agent has exceeded recommended guidelines of 4 weeks. In addition, this patient is on Klonopin, also a benzodiazepine. Double benzodiazepine treatment carries with it the inherent risk of the increased possibility of side effects (e.g. drowsiness etc). There is no clear rationale provided for the use of one, let alone two, benzodiazepines in this patient. This request is therefore not medically necessary.

Wellbutrin XL 150mg #90 (3 every morning): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The patient suffers from major depressive disorder, with features of anxiety as well. Reports indicate that she has been on medications for over a year and has had functional improvement in terms of activities of daily living. Wellbutrin XL (bupropion) is one of the antidepressants considered a first line treatment in major depressive disorder, with a favorable side effect profile. In addition, a total dose of Wellbutrin XL 450mg per day is within the recommended dosage range of 300-450mg for major depressive disorder. It is medically contraindicated to remove a patient from an antidepressant on which she is responding, which would elevate the risk of worsening symptoms/relapse. This request is therefore certified.