

Case Number:	CM13-0023005		
Date Assigned:	10/11/2013	Date of Injury:	04/20/2005
Decision Date:	02/05/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported injury on 04/20/2005. The mechanism of injury was not provided. The patient was noted to have subjective complaints as per AME. The patient's diagnoses were noted to include depressive disorder not otherwise specified with anxiety and psychological factors affecting medical condition (stress-intensified headache, hair loss, neck/shoulder/back muscle tension/pain, shortness of breath, chest pain, peptic acid reaction, diarrhea and possible stress-aggravated high blood pressure). The request was made for BuSpar 10 mg #60 one twice a day and ProSom 2 mg #30 one at bedtime with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of BuSpar 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/buspar.htm>.

Decision rationale: Drugs.com indicates that BuSpar is used to treat symptoms of anxiety, such as fear, tension, irritability, dizziness, pounding heartbeat, and other physical symptoms and indicates it is not an antipsychotic medication. The clinical documentation submitted for review

indicated the patient had a medical necessity for the medication per the physician the patient's conditions including depression, anxiety, sleep problems, stress intensified medical complaints and the functional related impairment would likely worsen. There was a lack of documentation of functional benefit of the medication. Given the above, the request for 1 prescription of BuSpar 10 mg #60 is not medically necessary.

1 prescription of ProSom: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review indicated the patient had a medical necessity for the medication per the physician the patient's conditions including depression, anxiety, sleep problems, stress intensified medical complaints and the functional related impairment would likely worsen. The clinical documentation indicated that there were exceptional factors for the use of the medication, however, it failed to indicate the functional benefit that was received and failed to document the efficacy of the medication. The submitted request failed to indicate the quantity of pills being requested. Given the above, the request for 1 prescription of ProSom is not medically necessary.