

Case Number:	CM13-0044707		
Date Assigned:	12/27/2013	Date of Injury:	07/20/2005
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/31/2013

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 Psychiatry and is licensed to practice in Wisconsin and Illinois. 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 is a 56 year old male who sustained a back injury in July of 2007 and who has been on Bupropion, Buspirone and Estazolam. It appears that a psychiatric evaluation was done in April of 2009 and a diagnosis of Depressive Disorder NOS was made. Psychotherapy every two weeks for six months and medication management for one year were recommended but a full copy of the evaluation is not available for review. There is no current information on the patient's psychiatric status. Coverage for the above three medications has been declined. This is an appeal of the denial of the determination that Bupropion, Buspirone and Estazolam were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Bupropion HCL 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 27.

Decision rationale: There is no current psychiatric information available for review. The rationale for the medication is not clear. California Chronic Pain Medical Treatment Guidelines

indicate "while bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain". The guidelines recommend its use after other agents and there is no indication that any other medications have been tried. Absent additional clinical information supporting use of this medication it appears that an evidence based indication for bupropion is not established by the data submitted for review.

Retrospective Buspirone 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC, 5th Edition, 2007 or current year, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines Page(s): 15-127.

Decision rationale: California Chronic Pain Management Guidelines do not include Buspirone in the list of evidence based treatments. ACOEM guidelines state that "Anxiolytics are not recommended as first-line therapy for stress-related conditions". The guidelines state that "they may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources." There is no clinical information indicating the use of an anxiolytic and as noted above they do not appear to have an evidence based indication for this patient.

Retrospective Estazolam 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC, 5th Edition, 2007 or current year, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California Chronic Pain Medical Treatment guidelines indicate that benzodiazepines are not recommended for long term use. The provider has not provided an indication for the above medication and the records submitted to not indicate a plan for short term use of this medication. Hence the data submitted for review do not establish medical necessity for Estazolam.