

<b>Case Number:</b>	CM13-0051650		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/13/1990
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, hand pain, wrist pain, upper back pain, low back pain, knee pain, ankle pain, and foot pain reportedly associated with an industrial injury of January 1, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; electrodiagnostic testing on March 13, 2013, notable for possible left ulnar neuropathy at the level of the elbow; and a 57% whole-person impairment rating, issued via report dated August 7, 2012. The applicant was placed off of work, and placed on total temporary disability, on February 24, 2013 and in an earlier visit of December 6, 2012, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEMAZEPAM 15MG #60 BETWEEN 9/23/2013 AND 9/23/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that anxiolytics such as temazepam may be appropriate for brief periods, to allow an applicant with the ability to regain emotional resources. In this case, however, the attending provider is seemingly intending to use temazepam on a twice daily, regular, sustained use basis. This is not an approved indication for the same, according to the guidelines. Therefore, the request is not medically necessary.

**BUSPIRONE 10MG #60 BETWEEN 7/22/2013 AND 9/23/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that anxiolytics such as buspirone may be appropriate for brief periods, in cases of overwhelming symptoms, to allow an applicant with the ability to emotionally regain resources. In this case, however, there is no mention of any brief period of overwhelming symptoms on or around the date in question. Therefore, the request is not medically necessary.

**BURPOPION HCL SR 100MG #60 BETWEEN 7/22/2013 AND 9/23/2013:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that it often takes weeks for antidepressants to exert their maximal effect. In this case, the applicant was described as having fairly pronounced mental health issues, including depression and anxiety, appreciated on May 3, 2013. Ongoing usage of bupropion, an antidepressant, to combat the same is indicated, appropriate, and supported by the guidelines. Therefore, the request is medically necessary.