

Case Number:	CM13-0052979		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2008
Decision Date:	07/10/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Psychiatry 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:

This 61 year old male had a date of injury 7/11/2008. Date of UR decision was 10/28/2013. According to PR-2 from 5/30/2013, IW had subjective complaints of pain, depression and anxiety during the day. Has been receiving ambien 10 mg at bedtime and referral was made for psychiatric treatment of stress, anxiety and depression. Psychiatrist PR report from 5/28/2013 lists subjective complaints as defensive and guarded due to his depression and anxiety caused by physical pain. The given diagnosis is Depressive ds NOS with anxiety with post traumatic reaction; Post Concussive Syndrome and Psychological factors affecting medical condition. Psychotropic medications prescribed at that visit were wellbutrin 100 mg bid, buspar 10 mg bid and prosom 2 mg qhs prn. PR from 10/24/2013 lists subjective complaints as depression, anxiety once a week. Appeal letter from 11/21/2013 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESTAZOLAM (PROSOM) 2MG, #30: 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 BENZODIAZEPINE Page(s): 24.

Decision rationale: FDA states that "Prosom (estazolam) is indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings." Prosom is a benzodiazepine derivative. MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Estazolam (Prosom) 2mg qhs prn on an ongoing basis for at least a year. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request of Estazolam (Prosom) 2mg #30 is not medically necessary and appropriate.

BUPROPION 100MG, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), STRESS AND MENTAL ILLNESS; BUPROPION (WELLBUTRIN) , ANTIDEPRESSANTS FOR TREATMENT OF MDD (MAJOR DEPRESSIVE DISORDER).

Decision rationale: MTUS talks about use of Bupropion in chronic neuropathic pain but is silent regarding its use in depression. ODG states "Bupropion (Wellbutrin) is Recommended as a first-line treatment option for major depressive disorder. It also states "Antidepressants for treatment of MDD (major depressive disorder): Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach" The submitted documentation reveals the diagnosis of Depressive ds NOS. The IW does not meet criteria for Major Depressive Disorder based on the documentation reviewed. There is no mention of severity of depressive symptoms. ODG recommends use of Bupropion only in moderate, severe or Psychotic presentations of MDD. Medical necessity cannot be established based on the available information. Additional information is needed to affirm medical necessity for Bupropion 100 mg #60.

BUSPIRONE (BUSPAR) 10MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: PDR BUSPIRONE HYDROCHLORIDE.

Decision rationale: MTUS and ODG are silent regarding the use of Buspirone. PDR states "Buspirone hydrochloride tablets are indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic." There is no clear documentation regarding the nature of anxiety. Gastrointestinal (GI) Symptoms & Cardiovascular Risk the Injured Worker (IW) is experiencing. There is no documented evidence of severity of symptoms or any non pharmacological measures that have been taken to alleviate the anxiety symptoms. Unsure regarding the goal of treatment is uncertain or the length of time Buspirone is intended to be continued. The request is not medically necessary and appropriate.

VENLAFAXINE HCL 75MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines VENLAFAXINE (EFFEXOR) Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness; Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS talks about use of Venlafaxine (Effexor) in chronic pain but is silent regarding its use in depression. ODG states "Antidepressants for treatment of MDD (major depressive disorder): Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach" The submitted documentation reveals the diagnosis of Depressive ds NOS. The IW does not meet criteria for Major Depressive Disorder based on the documentation reviewed. There is no mention of severity of depressive symptoms. ODG recommends use of Venlafaxine only in moderate, severe or Psychotic presentations of MDD. The request is not medically necessary and appropriate.

DELIVERY CHARGE FOR FIVE (5) REFILLS QTY: 5.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: MTUS states "Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week." It is unclear as to why medications need to be delivered to the IW and why he is unable to pick them up from a

pharmacy. The submitted documentation does not indicate that the IW is homebound or unable to ambulate. The request is not medically necessary and appropriate.