

Case Number:	CM14-0007346		
Date Assigned:	01/21/2014	Date of Injury:	05/13/1994
Decision Date:	01/28/2014	UR Denial Date:	12/27/2013
Priority:	Expedited	Application Received:	01/20/2014

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 Neurology, has a subspecialty in Geropsychiatry and Addiction 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 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.

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 claimant is a 55 year old male with the diagnosis of other suspected mental condition, who sustained a crush injury to his right foot and ankle in 05/94 when a steel plate when a steel plate fell on them. He subsequently underwent multiple surgeries, including the amputation of the right big toe. He then developed depression, anxiety, panic, and sleep disturbance which was first treated with Zoloft and Prozac for depression, anxiety, insomnia, and pain (dates unknown). He has received cognitive behavioral therapy, group therapy, stress reduction and biofeedback. The CBT and biofeedback helped with his depression, anxiety, panic, and sleep disturbance. Symptoms reported which improved include increase in motivation and improved social functioning, decreased feeling of emptiness, decrease in guardedness and defensiveness, less irritability and fewer angry outbursts. He also reported a decrease in anxiety and panic manifested by less uneasiness, fear, and sweating, decrease in episodes of shortness of breath and rapid heart rate, as well as decreased fear of dying. His sleep improved with fewer nightmares, and interest in activities of daily living improved (e.g. brushing his teeth). Beck Anxiety Inventory score=25 (moderate), Beck Scale for Suicidal Ideation=4 (indicating need for emotional treatment to reduce or remove suicidal ideation), Insomnia Severity Index=5 (moderate), and Beck Depression Inventory=9 (normal range of subjective depression). He was declared Permanent & Stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Prosom 2mg #30 q HS/PRN: Upheld

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

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

Decision rationale: Prosom is a benzodiazepine sedative hypnotic designed for short term use for the treatment of insomnia. His Insomnia Severity Index of 5 (moderate) may very well reflect transient psychophysiologic insomnia which does not necessitate the need for a sedative hypnotic. This patient has had adequate cognitive behavioral therapy, stress reduction and biofeedback therapy with improvement noted in sleep and activities of daily living such that ongoing treatment with a benzodiazepine sleeper should not be necessary.

URGENT Wellbutrin 100mg #60 1 q am / 1 q noon - 2 refills: 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), Mental Illness and Stress, Bupropion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bupropion.

Decision rationale: The patient does not carry the diagnosis of major depressive disorder. He shows a Beck Depression Inventory of 9, indicating that he is not subjectively depressed. He has had prior treatment with antidepressants, as well as CBT, stress reduction, and biofeedback therapy. According to materials provided, the claimant is significantly improved in terms of symptoms. There is no indication at this point from the material submitted that ongoing treatment with an antidepressant is indicated.

URGENT Buspar 5mg #60 BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration (FDA) Indications and Usage.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved indications

Decision rationale: The claimant, by history, has had pharmacologic (Zoloft and Prozac) as well as psychologic (behavioral therapy in the form of CBT, biofeedback, stress reduction) treatment for his anxiety. The notation is made that improvement has occurred in social functioning, anxiety, and panic manifested by decrease in sense of uneasiness, fear and sweating. There are also less episodes of shortness of breath, rapid heart rate, and "decreased fear of dying". Although his Beck Anxiety score is rated as 25, this is apparently of 11/20/13. The claimant was treated with Buspar 5 mg BID which is not considered an effective dose for either generalized

anxiety disorder or panic disorder. As such, continuing provision of this medication should not be approved.