MAXIMUS Federal Services

Case Number:	CM14-0012771		
Date Assigned:	02/21/2014	Date of Injury:	10/14/2008
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine and Rehabilitation, 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:

According to the records made available for review, this is a 40-year-old male with a October 14, 2008 date of injury. At the time of request for authorization for Buspar 5 mg by mouth at bedtime #30 tabs and Tramadol 50 mg one by mouth daily #30 (January 14, 2014), there is documentation of subjective (neck pain rated 4/10) and objective (discomfort with deep palpation of the upper trapezius bilaterally, mild tenderness on medial border of right scapular area, some stiffness and discomfort in full lumbar spine range of motion) findings, current diagnoses (cervical trapezius strain right and left; s/p contusion right and left shoulder, tendinitis right hand s/p crushed injury, and anxiety/stress), and treatment to date (physical therapy, chiropractic, HEP [home exercise program] and medications [including Buspar and Tramadol since at least 8/13]). Regarding the requested Buspar 5 mg by mouth at bedtime #30 tabs, there is no documentation of a diagnosis of generalized anxiety or intention for short-term treatment of anxiety symptoms. Regarding the requested Tramadol 50 mg one by mouth daily #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and that Tramadol is used as a second line treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Buspar and Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUSPAR 5 MG BY MOUTH AT BEDTIME #30 TABS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.pdr.net as wel as Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. The PDR identifies supports Buspirone HCL for the management of anxiety disorders or short-term relief of anxiety symptoms. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical trapezius strain right and left; status post contusion right and left shoulder, tendinitis right hand s/p crushed injury, and anxiety/stress. However, despite a diagnosis of anxiety/stress, there is no clear documentation of a diagnosis of generalized anxiety. In addition, given documentation of Buspar use since at least July of 2013, there is no documentation of an intention for short-term treatment of anxiety symptoms. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Buspar use to date. The request for Buspar 5 mg, thirty count,is not medically necessary or appropriate.

TRAMADOL 50 MG ONE BY MOUTH DAILY #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 74-80, 113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, the Chronic Pain Medical Treatment Guidelines identify documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical trapezius strain right and left; status

post contusion right and left shoulder, tendinitis right hand status post crushed injury, and anxiety/stress. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. The request for Tramadol 50 mg, thirty count, is not medically necessary or appropriate.