

Case Number:	CM14-0124124		
Date Assigned:	08/08/2014	Date of Injury:	08/05/2009
Decision Date:	09/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain 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 injured worker is a 61-year-old male who reported an injury on 08/05/2009. He reportedly suffered an anxiety reaction through 2014. The injured worker had complaints of anxiety and depression. Current medications included BuSpar, Compazine, Provo gel, Ambien, Valium, and Remeron. Upon examination, the injured worker had a slurred speech with tardive and dyskensia in appearance. Upon examination of the neck, there was tenderness over the superior trapezius and splenius capitis on movement. There was involuntary movements of the arms and trunk. Diagnoses were anxiety disorder and depression. The provider recommended BuSpar, diazepam, and Compazine. The provider's rationale was not provided. The Request for Authorization form was dated 02/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines: Anxiety medication in chronic pain.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that nontricyclic antidepressants have been shown to be effective in relieving neuropathic pain of different etiologies. While it is shown to have some efficacy in neuropathic pain, there is no evidence of efficacy in injured workers with non neuropathic chronic low back pain. Furthermore, recent reviews suggesting that it is generally a third line medication for diabetic neuropathy and may be considered when injured workers have a response to tricyclic or SNRI. There was lack of documentation of a measurable baseline at which to measure the efficacy of the prior use of BuSpar, and the provider's rationale was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.

Diazepam & Compazine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use of Benzodiazepines to up to 4 weeks. Tolerance to hypnotic effects develops rapidly. The efficacy of the prior use of Diazepam and Compazine has not been provided. Additionally, the provider's request does not indicate the dose, quantity, or frequency of the medication in the request as submitted. There was a lack of evidence of the medication documented to support continued use. As such, the request is not medically necessary and appropriate.