

<b>Case Number:</b>	CM14-0151288		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/29/2007
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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 left eye pain, insomnia, tinnitus, fatigue, vertigo, posttraumatic headaches, shoulder pain, knee pain, and depression reportedly associated with an industrial injury of August 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; anxiolytic medications, adjuvant medications; psychological testing; earlier shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for Effexor and BuSpar. Despite the fact that the MTUS addressed the topics at hand, the claims administrator did invoke non-MTUS ODG Guidelines in its report. The claims administrator did not, however, incorporate any guidelines into its rationale. The claims administrator stated that applicant did not have depressive symptoms for which venlafaxine would be indicated. In its Utilization Review Report, the claims administrator stated that it was basing its decision on Request for Authorization (RFA) form dated July 30, 2014. The applicant's attorney subsequently appealed. In a progress note dated August 1, 2014, the applicant reported a variety of complaints including eye socket pain, insomnia, vertigo, tinnitus, fatigue, insomnia, back pain, depression, anger, and poor urinary flow. The applicant was placed off of work, on total temporary disability. Omeprazole, Topamax, and meclizine were endorsed. The applicant was placed off of work. In a July 29, 2014 progress note, it was stated that the applicant was clinically depressed, with symptoms including sadness and depressed mood on daily basis. Sleep disturbance was noted. The applicant was given primary diagnosis of major depressive disorder and was placed off of work, on total temporary disability, from a mental health perspective. In a June 19, 2014 progress note, the applicant was described as using meclizine, Klonopin, Reglan, Prozac, and Topamax. The applicant was placed off of work, it was suggested on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Venlafaxine HCL ER 37.5 mg QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

**Decision rationale:** While page 402 of the ACOEM Practice Guidelines does acknowledge that antidepressants such as Venlafaxine "may be helpful" to alleviate symptoms of depression, in this case, however, no rationale for selection of Venlafaxine (Effexor) was incorporated into the August 1, 2014, progress note, referenced above. It was not stated why Effexor was being added to the applicant's medication regimen. It was incidentally noted that the applicant was using another antidepressant medication, however, fluoxetine (Prozac). While the request could have been supported had the attending provider made some commentary to the effect that Prozac was not generating appropriate improvements in mood here, in this case, however the attending provider failed to discuss any rationale for introduction of Venlafaxine in his August 1, 2014, progress note, referenced above. There was no mention made of Venlafaxine on that date. Therefore, the request is not medically necessary.

**Buspirone HCL 5mg QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Buspirone may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of any overwhelming symptoms of anxiety and/or panic attacks on the most recent progress note of August 1, 2014, referenced above. No rationale for selection of Buspirone was incorporated into said progress note. Buspirone was not mentioned on any of the progress notes, referenced above. It was unclear whether this was a first-time request or a renewal request. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should tailor medications to the individual applicant, taking into consideration applicant-specific variable such as "other medications." In this case, the attending provider did not furnish any rationale for usage of Buspirone alongside another anxiolytic medication, Klonopin. Therefore, the request is not medically necessary.

