

Case Number:	CM14-0021999		
Date Assigned:	05/09/2014	Date of Injury:	09/16/1996
Decision Date:	08/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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:

The injured worker is a 55-year-old male who reported an injury on 09/16/1996 due to an unknown mechanism. The injured worker was diagnosed with major depression, recurrent and moderate, generalized anxiety disorder and pain disorders associated with psychological and physical issues. The injured worker received physical therapy and exercise, which assisted the injured worker in 40 pounds of weight loss. The injured worker complained of pain at 8/10 during office visits associated with body aches and pain throughout the chest and bilateral shoulders. On 04/02/2013, the physician noted myofascial spasms to the cervical, thoracic, and lumbar spine. The injured worker was prescribed Pamelor, Buspar, Trazodone, Lexapro, and Klonopin. On 04/09/2014, the physician changed Lexapro to Celexa. The physician's treatment plan was to continue with psychological sessions, exercises, and continue medications, physical therapy, and diet. The physician noted the injured worker improved his activities of living, having lost over 40 pounds since the introduction of Pamelor, and appeared to be happier with his situation in life. The physician was requesting Buspar 30 mg, 60 tablets with 3 refills, Lexapro 20 mg, 30 tablets with 3 refills, Klonopin 1 mg, 30 tablets with 3 refills and trazodone 100 mg, 30 tablets with 3 refills. The physician's recommended continuation of these medications as they demonstrated positive effects on the injured worker's attempt to heal. The injured worker was facing anxiety problems as well as physical problems from the injuries he sustained in 1996. The Request for Authorization was not submitted for review with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUSPAR 30MG #60 WITH 3 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) Pain (Chronic).

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, RxList.com, Buspar.

Decision rationale: Rxlist.com notes Buspar is 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. Rxlist.com notes the effectiveness of Buspar in long-term use, for more than 3-4 weeks, has not been demonstrated in controlled trials. The injured worker does have a diagnosis of generalized anxiety disorder; however, an assessment indicating significant symptomatology related to the anxiety is not included within the documentation. Per the provided documentation the injured worker has been prescribed this medication since at least 04/18/2014 which exceeds recommendations for treatment duration. The request for 3 refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. As such, the request is not medically necessary.

LEXAPRO 20MG #30 WITH 3 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 & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California MTUS guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines note it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The injured worker is diagnosed with recurrent major depression and generalized anxiety disorder as well as pain disorder with both psychological factors and a general medical condition. However, there is a lack of documentation indicating the severity of the injured worker's depression. There is a lack of documentation indicating the medication is effective in decreasing the injured worker's depression and pain, as well as increasing the injured worker's functional ability. The request for 3 refills would not be indicated as the efficacy of the medication and should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

KLONOPIN 1MG #30 WITH 3 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) Pain (Chronic).

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

Decision rationale: The California MTUS Guidelines note 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. A tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety and a more appropriate treatment for anxiety disorder is an antidepressant. The injured worker is diagnosed with recurrent major depression and generalized anxiety disorder as well as pain disorder with both psychological factors and a general medical condition. The injured worker has been prescribed this medication since at least 04/18/2013, which exceeds the guideline recommendation for the treatment period. There is a lack of documentation indicating the injured worker has experienced significant objective improvement with the use of the medication. The request for 3 refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

TRAZODONE 100MG #30 WITH 3 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 & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California MTUS guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines note it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The injured worker is diagnosed with recurrent major depression and generalized anxiety disorder as well as pain disorder with both psychological factors and a general medical condition. However, there is a lack of documentation indicating the severity of the injured worker's depression. There is a lack of documentation indicating the medication is effective in decreasing the injured worker's depression and pain, as well as increasing the injured worker's functional ability. The request for 3 refills would not be indicated as the efficacy of the medication and should be assessed prior to

providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.