MAXIMUS Federal Services

Case Number:	CM14-0031593		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2002
Decision Date:	07/21/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery 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 66-year-old female who was reportedly injured on June 3, 2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated May 30, 2014, indicated there were ongoing complaints of chronic neck and low back pains. Current medications were stated to include Norco, Zanaflex and docusate sodium. The injured employee's pain level was rated at 10/10 without medications and 3/10 to 7/10 with medications. No musculoskeletal examination was performed on this date. There were diagnoses of chronic regional pain syndrome of the right upper extremity, chronic neck and low back pain, multiple disc protrusions of the lumbar spine, lumbar spinal stenosis, degenerative disc disease of the lumbar spine, lumbar spo ndylosis and radiculopathy, depression, myofascial pain and opioid dependence. Medications prescribed included Norco, Lyrica, Zanaflex and docusate. The request was made for BuSpar, and Restoril and was not certified in the pre-authorization process on February 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Buspar 15mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Benzodiazepines, updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines, long term usage of anxiolytic medications are concerns for dependence and addiction. Tolerance to medication, such as BuSpar, develop rapidly and the injured employee has already been diagnosed with her narcotic dependence in the note dated May 30, 2014. Considering this, the request for BuSpar is not medically necessary.

Prospective request for 1 prescription for Restoril 30mg #30: 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 (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Benzodiazepines, updated June 10, 2014.

Decision rationale: Restoril is a benzodiazepine indicated for short term usage for the treatment of insomnia. According to the most recent medical record, dated May 30, 2014, the injured employee had multiple diagnoses; however, insomnia is not one of them. There is, however, a diagnosis for opioid dependence, which is concerning for a prescription of Restoril. For these reasons, this request for Restoril is not medically necessary.