

Case Number:	CM14-0042006		
Date Assigned:	06/30/2014	Date of Injury:	10/06/2011
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/08/2014

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 patient is a 44-year-old male who has submitted a claim for status post head and facial contusions with fracture, post-concussion syndrome, depression, and traumatic vestibular dysfunction associated with an industrial injury date of October 6, 2011. Medical records from 2013-2014 were reviewed. The patient complained of persistent headaches on the forehead, rated 3-7/10 in severity. There was associated dizziness, blurred vision on the left eye, nausea, memory problems, loss of balance, depression, anxiety, sleep difficulty, and left jaw pain. Physical examination showed patient to be depressed. Imaging studies were not available for review. Treatment to date has included medications and activity modification. Utilization review, dated March 18, 2014, denied the request for pharmacy purchase of Floricet number sixty (#60) with two (2) refills, bupropion 100mg number sixty (#60) with two (2) refills, buspar 10mg number 60 (#60) with two (2) refills and prosom 2mg number sixty (#60) with three refills because there was no current documentation or rationale for the need of the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floricet number sixty (#60) with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain.

Decision rationale: As stated on page 23 of CA MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is no discussion in the documentation concerning the need for use of unsupported medication. Therefore, the request of Fioricet number sixty (#60) with two (2) refills is not medically necessary.

Bupropion 100 mg number sixty (#60) with two (2) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Bupropion is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor), which has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. In this case, the patient was assessed with depression. However, the medical records failed to provide evidence of trial with recommended first-line therapy options such as tricyclics or SNRIs. Therefore, the request for bupropion 100 mg number sixty (#60) with two (2) refills is not medically necessary.

Buspar 10 mg number sixty (#60) with two (2) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain.

Decision rationale: The CA MTUS does not specifically address Buspar. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the Official Disability Guidelines (ODG) Pain Chapter, buspirone is recommended for short-term relief of anxiety symptoms. In this case, the patient was assessed with depression. There was no mention that the patient was anxious. Therefore, the request for buspar 10 mg number sixty (#60) with two (2) refills is not medically necessary.

Prosom 2 mg number sixty (#60) with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the patient has diagnosed with depression which is not an indication for the use of this medication. Rationale for the request was not provided as well. Moreover, the guideline limits the use of Benzodiazepines to 4 weeks only. Therefore, the request for prosom 2 mg number sixty (#60) with three refills 180 is not medically necessary.