

Case Number:	CM14-0044366		
Date Assigned:	07/02/2014	Date of Injury:	01/15/2009
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 Psychiatry 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:

Injured worker is a 51 year old male with date of injury 1/15/2009. Date of the UR decision was 3/11/2014. Mechanism of injury was a trip and fall down a flight of stairs in which he hit his head on a railing and suffered injuries to right wrist, ankle and knee. Report dated 2/25/2014 indicated that the prescriptions of Nortryptline and Buspar were continued at that visit. Report dated 4/25/2014 stated that he continued to ruminate and worry excessively about his physical condition. He had reduced self esteem and energy level. Objective findings described him as sad, apprehensive, anxious, looked tired, lethargic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 15mg one tab po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Tricyclics Page(s): 15.

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: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment,

including treatment with anxiety medications based on specific DSM-IV diagnosis as described below."Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Upon review of the submitted documentation, it is ascertained that Buspar has been continued long term and there is no documented plan of taper. The request for Buspar is not medically necessary.

Nortriptyline 100mg one tab po every morning #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Tricyclics Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: MTUS states "Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The injured worker suffers from chronic pain and symptoms of anxiety, depression and sleep problems. The request for Nortriptyline 100mg one tab po every morning #30 is medically necessary.