

Case Number:	CM14-0047237		
Date Assigned:	07/02/2014	Date of Injury:	06/03/2002
Decision Date:	08/08/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 claimant with an industrial injury dated 06/03/02. Exam note 02/25/14 states patient returns in request for perscription refills. Patient was diagnosed with a major depressive disorder and pain disorder. Evaluation of 02/25/14 shows patient has anxiety, insomnia, irritability, tearfulness, psychomotor slowing, and social withdrawl. Treatment plan has consisted of medications such as antidepressents, anti-anxiety agents, sleep medications, lunesta, and cymbalta. Patient's work status is reported as permanent and stationary as of 08/22/07 and it is noted that she is to not ever return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LUNESTA 2MG #30 WITH 2 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 - Pain (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain acute and chronic, Insomnia treatment.

Decision rationale: In this case, the claimant has evidence of insomnia. CA MTUS/ACOEM is silent on the issue of insomnia treatment. According to ODG, Pain acute and chronic, Lunesta is a first line medication. There is potential for abuse and dependency as this is a schedule IV controlled substance. Therefore 2 refills is not appropriate as the patient should be monitored closely. Therefore, the request for 1 prescription of Lunesta 2mg #30 with 2 refills is not medically necessary.

1 PRESCRIPTION OF BuSpar 15MG #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiolytics, Buspar.

Decision rationale: CA MTUS/ACOEM is silent on the issue of anxiolytics such as Buspar. According to the ODG, Pain Acute and Chronic, anxiolytics are not recommended as first line therapy for stress related conditions because they can lead to dependence and do not alter stressors or the individuals coping mechanism. Therefore, the recommended 120 tablets with 2 refills does not represent a weaning program but rather a maintenance program which is not supported by the guidelines. The request for 1 prescription of BuSpar 15mg #10 with 2 refills is not medically necessary.