

Case Number:	CM14-0176371		
Date Assigned:	10/29/2014	Date of Injury:	01/04/2004
Decision Date:	03/05/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 67-year-old female with a date of injury of 01/04/2004 and the mechanism of injury was not indicated. Diagnosis was not given. Past treatments include chiropractic treatment and medication. Diagnostics were not included. The injured worker presented on 08/12/2014 for followup and renewal of her medication. She reported she was emotionally more stable after restarting all of her medications. Physical examination revealed her rate of speech and cognition were slow; however, she was alert and oriented in all spheres and there was no gross cognizant deficit noted. Her thought process was relevant and goal directed, but content revealed a pervasive despair and somatic focus. She appeared less anxious and depressed and denied any paranoid delusions or perceptual abnormalities. She seems to be preoccupied with physical limitations and chronic disabling pain. Her current medications are trazodone, Buspar, Cymbalta and lorazepam. The treatment is to continue with her medications, followup a chiropractic and cardiology and spine center as needed. No rationale was given. The Request for Authorization was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg one PO at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/10/14) Anxiety medications in chronic pain

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 request for Buspar 10 mg 1 by mouth at bedtime #30 is not medically necessary. The California MTUS Guidelines do not address Buspar. The Official Disability Guidelines state that Buspar is recommended for generalized anxiety disorder. It is approved for short term relief of anxiety symptoms. The efficacy is decreased in patients with recent prior benzodiazepine use. According to documentation, the patient has been prescribed the Buspar in excess of 6 months. As such, the request would not be indicated. Therefore, there is no medical necessity for Buspar 10 mg 1 by mouth at bedtime #30.

Lorazepam 0.5mg one PO tid prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines regarding: Lorazepam Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 66.

Decision rationale: The request for lorazepam 0.5 mg 1 by mouth 3 times a day as needed #90 is not medically necessary. According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use because long efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. Based on the clinical information submitted, this injured worker has been prescribed this medication for an excessive of 6 months; therefore, it is not recommended. The request for lorazepam 0.5 mg is not medically necessary.