

Case Number:	CM14-0188099		
Date Assigned:	11/18/2014	Date of Injury:	11/22/2002
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 55-year-old male who has submitted a claim for post-laminectomy syndrome of the lumbar spine, post-laminectomy syndrome of cervical spine, lumbosacral spondylosis without myelopathy, degeneration of intervertebral lumbar disc, chronic pain syndrome and anxiety disorder associated with an industrial injury date of 11/22/2002. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 4 - 5/10 in severity. Physical examination of the cervical spine showed tenderness, limited motion and positive Spurling's sign. Examination of the lumbar spine showed flattening of the normal lordosis, muscle spasm, tenderness and positive straight leg raise test bilaterally. Treatment to date has included lumbar laminectomy, cervical laminectomy, lumbar epidural steroid injection, physical therapy, chiropractic care, psychotherapy, Lexapro, tramadol (since June 2012) and Buspirone (since June 2012). The utilization review from 10/8/2014 modified the request for Tramadol HCl 50 mg #60 times 2 refills into #36 because of no supporting evidence of objective functional benefit with medication use; and denied Buspirone HCl 10 mg, #90 with 3 refills because of no documented anxiety symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #60 times 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on tramadol since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for tramadol HCl 50 mg #60 times 2 refills is not medically necessary.

Buspirone HCL 10 mg #90 times 3 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 (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, Anxiety Medications In Chronic Pain and on Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Buspirone)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and 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. The US Food and Drug Administration states that Buspirone hydrochloride tablets are indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Buspirone is also used to augment antidepressant therapy with treatment-resistant depression. The patient has a known case of anxiety disorder hence the prescription for Buspirone since June 2012. However, there is no documentation concerning functional improvement derived from medication use. Moreover, recent progress reports failed to document ongoing anxiety symptoms. The medical necessity cannot be established due to insufficient information. Therefore, the request for Buspirone HCl 10 mg #90 times 3 refills is not medically necessary.