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| <b>Case Number:</b>   | CM14-0205145 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 08/12/2006 |
| <b>Decision Date:</b> | 02/06/2015   | <b>UR Denial Date:</b>       | 11/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2014 |

### 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 Physical Medicine Rehab 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:

According to the records made available for review, this is a 43-year-old female with a 8/12/06 date of injury. At the time (11/7/14) of the Decision for authorization for Buspar 10mg with 2 refills, 30 Tablets of Prosom 2mg with 2 refills, 30 Tablets of Celexa 40mg with 2 refills, and 60 Tablets of Motrin 60mg with 2 refills, there is documentation of subjective (depression, changes in appetite, sleep disturbance, lack of motivation, decreased energy, agitation, difficulty thinking, pessimism, diminished self-esteem, emptiness and inadequacy, excessive worry, restlessness, jumpiness, tension, panic attacks, feeling keyed up or on edge, inability to relax, pressure, shaking, chest pain, palpitations, nausea, shortness of breath, and disturbing memories) and objective (depressed facial expressions and pressured) findings, current diagnoses (depressive disorder and psychological factors affecting medical condition), and treatment to date (medications (including ongoing treatment with Buspar, Prosom, Celexa, and Motrin since at least July 2014). Regarding Buspar 10mg with 2 refills, there is no documentation of an intention for short-term treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Buspar use to date. Regarding 30 Tablets of Prosom 2mg with 2 refills, there is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Prosom use to date. Regarding 30 Tablets of Celexa 40mg with 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celexa use to date. Regarding 60 Tablets of Motrin 60mg with 2 refills, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain and functional benefit or improvement as a reduction in

work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 Tablets of Buspar 10mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.pdr.net](http://www.pdr.net); and Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS does not address this issue. The PDR identifies supports Buspirone HCL for the management of anxiety disorders or short-term relief of anxiety symptoms. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of depressive disorder and psychological factors affecting medical condition. In addition, there is documentation of anxiety symptoms. However, given documentation of Buspar use since at least July 2014, there is no documentation of an intention for short-term treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Buspar use to date. Therefore, based on guidelines and a review of the evidence, the request for Buspar 10mg with 2 refills is not medically necessary.

#### **30 Tablets of Prosom 2mg 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 (ODG), Mental Illness and Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of depressive

disorder and psychological factors affecting medical condition. However, given documentation of ongoing treatment with Prosom since at least July 2014, there is no documentation of the intention to treat over a short course (up to 4 weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Prosom use to date. Therefore, based on guidelines and a review of the evidence, the request for 30 Tablets of Prosom 2mg with 2 refills is not medically necessary.

**30 Tablets of Celexa 40mg with 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 Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of depressive disorder and psychological factors affecting medical condition. In addition, there is documentation of depression. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celexa use to date. Therefore, based on guidelines and a review of the evidence, the request for 30 Tablets of Celexa 40mg with 2 refills is not medically necessary.

**60 Tablets of Motrin 60mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of

NSAIDs. Within the medical information available for review, there is documentation of diagnoses of depressive disorder and psychological factors affecting medical condition. However, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date. Therefore, based on guidelines and a review of the evidence, the request for 60 Tablets of Motrin 60mg with 2 refills is not medically necessary.