MAXIMUS Federal Services

Case Number:	CM14-0208326		
Date Assigned:	12/22/2014	Date of Injury:	07/17/2006
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 Psychiatrist (MD) and is licensed to practice in Illinois. 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:

This is a 53 year old female who was injured in July of 2006. The patient was apparently evaluated at the [redacted] on 10/16 of last year. She was complaining of persistent depression, anxiety and stress related medical complaints related to her injury. A psychiatric diagnosis was not indicated. The provider is requesting coverage for Venlafaxine 75 mg BID, Buspar 10 mg po BID, and Prosom 2 mg q hs. The number of medications requested was not stated. No other clinical information is available pertaining to the patient's psychiatric status. The previous reviewer denied coverage for all the above medications due to lack of medical necessity. This is an independent evaluation of the decision to deny coverage for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine SR 75mg tabs 1 tab po bid depression: 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, Venlafaxine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 123.

Decision rationale: As noted above, information on the patient's psychiatric status is limited. The State of California MTUS indicates venlafaxine for chronic pain and it is indicated for depression as well. The provider did not specify the indication for which the medication is requested. Furthermore the number of medications requested is not noted, nor is the expected course of treatment. Given these data, medical necessity for the unspecified number of venlafaxine cannot be considered as medically necessary.

Buspar 10mg tabs 1 tab po bid anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/meds/a688005.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2015 PDR.

Decision rationale: Buspar is indicated by the FDA for the management of anxiety disorders short-term relief of the symptoms of anxiety. According to the current PDR, anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic anxiety states. The patient did complain of anxiety but there is no diagnosis of an anxiety disorders. Given the lack of information on the number of medications requested, the lack of information on the specific indication or duration of treatment and the lack of a diagnosis for which the medication is indicated, medical necessity for this medication is not established.

Prosom 2mg qhs sleep: 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, ProSom, Updated October 30, 2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence.

Decision rationale: State of California MTUS and ACOEM are silent on use of soporific medication. The Official Disability Guidelines indicate that benzodiazepines are indicated for short term management of insomnia. In this case the provider did not indicate an expected clinical course of treatment. It is not clear how long the therapy is planned for and the number of medications is not known. As such, congruence with medical necessity as stated in the evidence based guideline cited above is not established.