

Case Number:	CM15-0001907		
Date Assigned:	01/13/2015	Date of Injury:	02/07/2014
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 43 year old male sustained a work related injury on 02/07/2014. According to an Rehabilitation Initial Plan of Treatment dated 12/08/2014 - 12/17/2014, the injury occurred as a result of a fall, he suffered a traumatic brain injury, right hip pain, status post arthroscopy debridement of anterior and superior acetabular labrum tear on 10/15/2014, mobility deficits, posttraumatic headaches (daily), visual deficits, vertigo, fatigue, cognitive behavioral deficits (disinhibition, anxiety, panic attacks 2-3 per day, inattention, emotional and mood challenges, impulsive and decreased frustration tolerance. The injured worker lacked range of motion in right hip flexion (could only get to 90 degrees) and hip extension (can barely get to neutral), decreased hip external and internal rotation, little isometric control, ambulated with single point can around the house, ascended/descended stairs with step to pattern while using the rail, limited tolerance for outings due to pain and feeling off balance, ambulated with analgic gait with short strides as well as short swing on right and demonstrated Trendelenburg on right as well as lateral trunk lean. According to a handwritten progress report dated 12/18/2014, the injured worker went to the Emergency Department due to Buspar with increased heart rate and blood pressure. Treatment plan was noted as Allergy-Buspar, discontinue Buspar. It was also noted for no refill on Trazadone now. The injured worker continued to be severely disabled. The progress report was partially illegible. According to a Home Care note dated 01/05/2015, transportation was being provided by the caregiver for all his appointments for his worker's compensation injury. It was noted that the injured worker continued to get confused and anxious very easily and could not stay on task too long. On 12/02/2014, Utilization Review non-certified Trazodone 50mg #30

with 3 refills and transportation to and from all medical/health appointments (frequency not indicated) and modified Buspar 15mg #60 with 3 refills. According to the Utilization Review physician, in regards to Trazodone, current medication included Sertraline. Trazadone was being requested to replace sleep cycles and to a lesser degree affect his mood. However there was no documentation indicating why the claimant required the use of two antidepressants. This medication is an "N" drug on the Official Disability Guidelines formulary when used for pain. There was no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication was more beneficial to the claimant than a "Y" drug on the ODG formulary. The initial review dated 07/07/2014 indicated Zoloft was partially certified with warning that additional certification will require evidence of objective functional benefit with prior use as well as medical necessity. Otherwise this supply should be used to initial downward titration and complete discontinuation of medication on subsequent review due to non-compliance with medication guidelines. CA MTUS Chronic Pain Treatment Guidelines were cited. In regards to Buspar, long-term use is not recommended. Official Disability Guidelines were cited. In regards to transportation to and from medical/health appointments, there was limited evidence that the claimant did not have access to family members or friends for self-transport. Current medical reports do not outline significant deficits on exam with preclude that claimant from using public transportation. Official Disability Guidelines Knee and Leg Procedure Summary were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16-17 (pdf format).

Decision rationale: There is documentation provided indicating the patient has sleep issues related to the work injury. He is also being treated for depression with Zoloft. Trazadone is indicated for the treatment of sleep disorders including insomnia and depression. The medication has anxiolytic and sleep-inducing effects. The claimant is under the care of a mental health provider and the medication has proved beneficial in conjunction with Zoloft. Medical necessity for the requested item has been established. The requested treatment is medically necessary.

Buspar 15 mg #60 with 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 (ODG)

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

Decision rationale: Per ODG treatment of anxiety is indicated when it is a part of a chronic pain condition. Buspirone, trade name Buspar, is an anxiolytic psychotropic drug of the azapirone chemical class. It is primarily used to treat generalized anxiety disorder (GAD). Unlike most drugs predominantly used to treat anxiety, Buspirone's pharmacology is not related to benzodiazepines or barbiturates, so does not carry the risk of physical dependence and withdrawal symptoms for which those drug classes are known. In this case the claimant had a reaction to Buspar therapy and it was recommended the medication be discontinued. Medical necessity for the requested therapy is not established. The requested item is not medically necessary.

Transportation to and from all medical/health appointments, frequency not indicated:

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Transportation to medical/health appointments.

Decision rationale: Per ODG, transportation to medical/health appointments is indicated if the claimant is medically unable and the appointment is medically necessary. In this case, in regards to transportation to and from medical/health appointments, there was limited evidence that the claimant did not have access to family members or friends for self-transport. Current medical reports do not outline significant deficits on exam which preclude that claimant from using public transportation. Medical necessity for the requested service is not established. The requested service is not medically necessary.