

Case Number:	CM15-0189044		
Date Assigned:	10/01/2015	Date of Injury:	01/29/2004
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injured worker is a 58 year old male, who sustained an industrial injury on 1-29-2004. Medical records indicate the worker is undergoing treatment for major depressive disorder and difficulty sleeping. A recent progress report dated 8-5-2015, reported the injured worker complained of anxiety, depression and denies suicidal thoughts. Physical examination revealed the injured worker was cooperative and his mood and affect were appropriate with no signs of sedation. Treatment to date has included physical therapy and medication management. On 9-1-2015, the Request for Authorization requested 3 office visits, Escitalopram 5mg #30 with 3 refills and Buspirone 15mg #60 with 3 refills. On 9-10-2015, the Utilization Review modified the request for 3 office visits to 1 office visit, Escitalopram 5mg #30 with 3 refills was modified to #30 with no refills and Buspirone 15mg #60 with 3 refills was modified to #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Office Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The need for office visits is determined by continued need documented at each visit. The patient should be seen monthly until symptoms stabilize or there is no longer a need. With the given information, it would be difficult to determine how many visits would be necessary in advance. As such, the request for 3 Office visits is not medically necessary at this time.

1 Prescription of Escitalopram 5mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Escitalopram (Lexapro).

Decision rationale: Escitalopram or Lexapro is a selective serotonin reuptake inhibitor (SSRI) and is FDA approved for the treatment of Major depressive disorder and generalized anxiety disorder. Its role in chronic pain is less clear. MTUS additionally states concerning SSRIs and pain "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." The ODG states that escitalopram is "Recommended as a first-line treatment option for MDD and PTSD." The treating physician has not documented improvement with Escitalopram or decrease in symptoms. Also, monthly visits with psychiatry is necessary given his history of suicidal ideation especially when starting such a medication as the risk of suicide may actually increase. Authorizing a 3 month supply is not within standard of care. As such, the request for 1 Prescription of Escitalopram 5mg #30 with 3 refills not medically necessary.

1 Prescription of Buspirone 15mg #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 American Psychiatric Association (APA).

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 Other Medical Treatment Guidelines <https://online.epocrates.com/>; Buspar monograph.

Decision rationale: The MTUS is silent on the use of buspirone. ODG states "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." ODG additionally states "(c) 5-HT1A Agonist: Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. (Chessick, 2006) Dosing information: 5-15 mg three times daily. (Package insert)" Buspar is recommended for short term use per ODG. In addition the patient is noted to continue to have anxiety while taking the medication. As such the request for 1 Prescription of Buspirone 15mg #60 with 3 refills is not medically necessary at this time.