

Case Number:	CM15-0194659		
Date Assigned:	10/08/2015	Date of Injury:	03/28/2014
Decision Date:	11/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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: California, North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 03-28-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical spine pain with multilevel herniated disc, degenerative joint disease with right upper extremity pain, internal derangement of the knee with left lower extremity pain, depression and anxiety. Medical records (04-16-2015 to) indicate ongoing (but improving) neck pain, right shoulder and arm pain with frequent numbness and tingling, and right hip, leg and foot pain with numbness and tingling. Pain levels were 6-8 out of 10 on a visual analog scale (VAS). Additional complaints include face pain, constant hand and wrist pain, and knee pain. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 07-21-2015, revealed no reported signs of depression or anxiety as the IW was noted to be pleasant, cooperative and smiling. Relevant treatments have included physical therapy (PT), chiropractic treatments and acupuncture with benefit, work restrictions, and pain medications (Sertraline Hydrochloride-Buspirone since at least 03-2015). The request for authorization (08-27-2015) shows that the following medication was requested: Sertraline Hydrochloride-Buspirone 25-15mg capsule twice a day #30. The original utilization review (09-03-2015) non-certified the request for Sertraline Hydrochloride-Buspirone 25-15mg capsule twice a day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline Hydrochloride-Buspirone 25 MG-15 MG Cap Twice A Day Qty 30: 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), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The request is for a combination antidepressant/antianxiety drug, Sertraline/Buspirone. The patient was walking and her shoe stuck on the floor causing her to fall to her knees. She complains of hand, wrist and knee pain. She was prescribed Motrin and Flexeril for her musculoskeletal symptoms. Sertraline is an SSRI antidepressant that is indicated for depression and may be used for symptoms of chronic neuropathic pain. In this case, there is no evidence of depression. Buspirone is an antianxiety drug that is not related to the benzodiazepines. There is no evidence of anxiety in this patient. Therefore, the request is not medically necessary or appropriate.