

Case Number:	CM15-0208252		
Date Assigned:	10/27/2015	Date of Injury:	12/14/2002
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 53 year old male who sustained an industrial injury on 12-14-2002. According to a discharge summary dated 05-27-215, the injured worker was admitted for detoxification treatment for Opana and Norco. He had been on Opana for 2 years and was up to 120 mg a day. He had also been taking Norco "for about 10 years". He was also noted to have alcoholism and had quit drinking 7 years ago. He was started on a Suboxone detoxification treatment protocol and Ativan detoxification treatment protocol. Condition was noted as stable and improved. Discharge medications Clonidine, Trazodone, Lasix, Multivitamin, Motrin, Robaxin, and Vistaril for anxiety, Lidoderm 5% patch, Buspar, Amlodipine, Paxil, Lansoprazole, Tamsulosin, Lyrica Ventolin and Nicoderm CQ. Diagnoses included opiate dependence, nicotine dependency, major depressive disorder, anxiety disorder, personality disorder: dependent personality disorder, general medical conditions and chronic pain syndrome. According to the most recent progress report submitted for review and dated 07-13-2015, the injured worker was "doing ok". The injured worker was noted as stable. The treatment plan included continuation of present medication regimen. Prescriptions included Lansoprazole, Buspar and Paxil. On 09-24-2015, Utilization Review non-certified the request for Paxil 20 mg #30 with 5 refills, Hydroxyzine 50 mg #120 with 5 refills and Buspirone 15 mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20 MG #30 with 5 Refills: Overturned

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

Decision rationale: The medical records indicate condition of major depression. MTUS supports use of SSRI for treatment of depression. Paxil is An SSRI. MTUS supports the use of paxil for the insured for treatment of major depression. Therefore, this request is medically necessary.

Hydroxyzine 50 MG #120 with 5 Refills: Upheld

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

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

Decision rationale: The medical records provided for review do not indicate a condition of urticaria or sleep issue that has failed at least 6 months of sleep hygiene program. MTUS supports hydroxyzine is for treatment of urticaria or sleep interference that has failed 6 or more months of sleep hygiene therapy. As the medical records do not support this, the medical records do not support hydroxyzine congruent with MTUS. Therefore, this request is not medically necessary.

Buspirone 15 MG #60 with 5 Refills: Overturned

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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The medical records indicate condition of major depression and anxiety. MTUS supports use of Buspirone for occasional treatment of anxiety. As the medical records report anxiety, the use of Buspirone on occasional basis is supported congruent with MTUS. Therefore, the request for Buspirone 15 mg #60 with 5 refills is medically necessary.