

<b>Case Number:</b>	CM15-0216772		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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

Certification(s)/Specialty: Internal Medicine, 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:

This 62 year old male sustained an industrial injury on 8-11-10. Documentation indicated that the injured worker was receiving treatment for depression, anxiety and stress-related medical complaints due to an injury to the psyche. In a progress note dated 5-29-15, the injured worker complained of ongoing depression, anxiety, suspicion and fear associated with headaches, muscle tension, increased pain, peptic acid reaction, abdominal pain and cramping and erectile dysfunction. The injured worker reported that functional improvements included better concentration, better sleep, less time in bed, increased interest in activities and less fatigue. The physician noted that the injured worker exhibited visible anxiety and depressed facial expressions. The treatment plan included continuing medications Ambien, Buspar and Celexa. In a progress note dated 10-2-15, the injured worker did not complain of abdominal pain and cramping or peptic acid reaction. The remaining subjective complaints and objective findings remained the same. The treatment plan included continuing medications Ambien, Buspar and Celexa. On 10-26-15 Utilization Review modified a request for Ambien 10mg #30 with two refills to Ambien 10mg #30 with no refills, Buspar 10mg #60 with two refills to Buspar 10mg #60 with no refills and Celexa 20mg #30 with two refills to Celexa 20mg #30 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 2 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, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ambien](http://www.drugs.com/ambien).

**Decision rationale:** This 62 year old male has complained of anxiety and depression since date of injury 8/11/2010. He has been treated with medications to include ambien since at least 07/2015. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not medically necessary in this patient.

**Buspar 10mg #60 with 2 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, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/buspirone](http://www.drugs.com/buspirone).

**Decision rationale:** This 62 year old male has complained of anxiety and depression since date of injury 8/11/2010. He has been treated with medications to include Buspar since at least 07/2015. The current request is for Buspar. Per the guideline cited above, Buspirone is approved as a first line, short term treatment for the diagnoses of anxiety and generalized anxiety disorder. There is inadequate documentation in the available medical records providing objective evidence of functional gains associated with use of this medicine to support continued use. On the basis of the available medical records and per the guidelines cited above, Buspirone is not medically necessary.

**Celexa 20mg with 2 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, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/celexa](http://www.drugs.com/celexa).

**Decision rationale:** This 62 year old male has complained of anxiety and depression since date of injury 8/11/2010. He has been treated with medications to include Celexa since at least

07/2015. The current request is for Celexa. Per the guideline cited above, Celexa is approved as a first line treatment for major depression, social anxiety disorder, anorexia and agoraphobia. There is inadequate documentation in the available medical records providing objective evidence of functional gains associated with use of this medicine to support continued use. On the basis of the available medical records and per the guidelines cited above, Celexa is not medically necessary.