

Case Number:	CM15-0220203		
Date Assigned:	11/13/2015	Date of Injury:	05/26/2004
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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, Tennessee

Certification(s)/Specialty: Emergency 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 5-26-2004. The injured worker was diagnosed as having major depressive disorder, single episode, unspecified, pain disorder associated with psychological factors, anxiety disorder, not otherwise specified, and lumbosacral pain. Treatment to date has included diagnostics, physical therapy, mental health treatment, and medications. On 10-13-2015, the injured worker complains of continued agoraphobia, with continued improvement in her mood, as well as decreased anxiety. She reported trying to increase her walking and doing the Rosary on a more daily basis. Medications included Celebrex, Sulfasalazine, Buspirone 10mg in the am and 5mg in the pm, Omeprazole 20mg twice daily, and Sertraline 100mg at bedtime. Omeprazole was for dyspepsia, gastritis, and reflux symptoms from medications. The use of Sertraline, Buspirone, and Omeprazole was noted for greater than one year. She denied suicidal ideation and reported no visual or auditory hallucinations. Psychological testing noted severe depression ("her baseline"), mild to moderate anhedonia, feelings of failure, hopelessness, decreased interest in sex, and decreased and interrupted sleep. Continued medications were recommended. Current work status was not noted. On 10-27-2015 Utilization Review modified a request to Buspirone 10mg #60 with 1 refill (original request Buspirone 10mg #60 with 6 refills), Sertraline 50mg #60 with 1 refill (original request Sertraline 50mg #60 with 6 refills), and Omeprazole 20mg #60 with 1 refill (original request Omeprazole 20mg #60 with 6 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 10 MG #60 with 6 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Buspirone: Drug information UpToDate:Pharmacotherapy for generalized anxiety disorder.

Decision rationale: Buspirone is a medication used to treat generalized anxiety disorder (GAD). Buspirone has been shown in several randomized trials to reduce symptoms of anxiety in patients with GAD, offering similar efficacy to the benzodiazepine oxazepam without the risk of dependence. Buspirone's FDA approval for anxiety disorders preceded the tendency of FDA to assign indications according to specific psychiatric disorders, but it is generally considered to apply to the diagnosis of GAD. Buspirone is thought to affect the serotonergic system via blockade of 5HT_{1A} autoreceptors. Buspirone's time to onset is longer than the benzodiazepines and similar to the antidepressants average of four weeks. In our experience, it has a weaker anxiolytic effect than benzodiazepines. These factors have limited its use by psychiatrists largely to augmentation of SSRIs for GAD, though it remains a popular treatment for GAD among primary care practitioners. Buspirone can be used as monotherapy (in the absence of comorbid major depression) or for augmentation at doses of 10 to 60 mg/day the main adverse effect is dizziness. Sertraline is recommended as a first-line treatment option for Major Depressive Disorder and Post Traumatic Stress Disorder. In this case documentation in the medical record supports the diagnosis of GAD. Buspirone is appropriate treatment. Six refills are not necessary as the patient has follow up visits with her psychologist every 1-2 months. The request should not be medically necessary.

Sertraline 50 MG #60 with 6 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: 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 & Stress: Sertraline.

Decision rationale: Sertraline is an antidepressant, specifically a selective serotonin reuptake inhibitor (SSRI). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo). Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. Medical efficacy for SSRIs has not been established for spinal pain or radiculopathy. Sertraline is recommended as a first-line treatment option for Major Depressive Disorder and Post Traumatic Stress Disorder. In this

case documentation in the medical record supports the diagnosis of Major Depressive Disorder. Sertraline is appropriate treatment. Six refills are not necessary as the patient has follow up visits with her psychologist every 1-2 months. The request should not be medically necessary.

Omeprazole 20 MG #60 with 6 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be medically necessary.