

Case Number:	CM15-0220756		
Date Assigned:	11/13/2015	Date of Injury:	03/03/2009
Decision Date:	12/24/2015	UR Denial Date:	10/26/2015
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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 57 year old male with an industrial injury date of 03-03-2009. Medical record review indicates he is being treated for chronic post-traumatic stress disorder, major depression - single episode in partial remission and generalized anxiety disorder. In the 10-19-2015 progress note the injured worker reported a significant increase in anxiety, excessive worry, feeling very tense and nervous with visible hand tremor, inability to pay attention and concentrate as well as increased difficulty sleeping and significantly worsened insomnia with an estimated total sleep time of only 3-4 hours per night. The treating physician noted the injured worker's activities of daily living were limited and he tended to be socially avoidant and reclusive. Work status was documented as off work. Current medications (10-19-2015) included Brintellix, Zolpidem, Silenor, Lorazepam, Gabapentin, and Flector patch, Vothyroxin, Metoprolol ER, Allopurinol, Lovastatin and Norco. Prior medications included Lorazepam, Ambien, Paroxetine and Prazosin. Objective findings (10-19-2015) included PHQ-9 depression score was 8 "indicative of mild to moderate depression" "which is significantly better than the previous score of 16". Anxiety level was self rated at 4 out of 10 maximum. He rated his pain level at 8 out of 10. The treating physician requested Trazodone to target insomnia "which has only been partially responsive to sleep medications being prescribed," and Buspirone for generalized anxiety disorder. On utilization review issued the following decision for the requested medications: Trazodone 50 mg take up to 3 tabs at bedtime # 90 2 refills was modified to Trazodone 50 mg # 90 with no additional refills-Buspirone 15 mg take one half tab twice daily for one week, then I tab twice daily # 60 2 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg take up to 3 tabs at bedtime #90, 2 refills, prescribed 10/19/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trazodone.

Decision rationale: Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Trazodone. Guidelines state the following: indicated for insomnia for those patients with a concurrent diagnosis of depression or anxiety. The clinical documents state that the patient meets the above criteria. According to the clinical documentation provided and current guidelines; Trazodone is medically necessary to the patient at this time.

Buspirone 15mg, take 1/2 tab twice daily for one week, then 1 tab twice daily #60 with 2 refills, prescribed 10/19/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Buspirone. The clinical documents state that the patient has a diagnosis of depression. According to the clinical documentation provided and current MTUS guidelines; Buspirone is medically necessary to the patient at this time.