

Case Number:	CM15-0225024		
Date Assigned:	11/23/2015	Date of Injury:	04/25/2007
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/17/2015

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

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:

This is a 55 year old male with a date of injury on 4-25-2007. A review of the medical records indicates that the injured worker is undergoing treatment for posttraumatic stress disorder. According to the progress report dated 9-30-2015, the injured worker continued to have severe anxiety and depression. He was having worsening panic attacks. He reported that his psychotropic medications were being denied. He was using Brintellix for depression and Xanax as needed. The physical exam (9-30-2015) revealed that affect appeared appropriate. Treatment has included psychotherapy and medication. The treatment plan included Belsomra for insomnia due to worsening anxiety, Buspar and Xanax (since at least 3-2015). The request for authorization was dated 10-2-2015. The original Utilization Review (UR) (10-14-2015) denied requests for Belsomra, Buspar and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Belsomra 20 mg #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, Mental illness and stress: Suvorezant (Belsomra).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.belsomra.com/>.

Decision rationale: The requested 1 prescription of Belsomra 20 mg #30 is not medically necessary. CA MTUS and ODG are silent on this issue. Internet research from <http://www.belsomra.com/> noted that this medication is an orexin-inhibitor recommended for sleep disturbance. The injured worker has continued to have severe anxiety and depression. He was having worsening panic attacks. The treating physician has not documented trials of sleep hygiene modifications, objective evidence of derived functional improvement from any previous use, nor trials of more guideline-supported sleep aides. The criteria noted above not having been met, 1 prescription of Belsomra 20 mg #30 is not medically necessary.

1 prescription of Buspar 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety Medications in chronic pain.

Decision rationale: The requested 1 prescription of Buspar 10 mg #90 is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Pain Chapter, Anxiety Medications in chronic pain, noted that such medications are recommended for short-term relief of anxiety symptoms. The injured worker has continued to have severe anxiety and depression. He was having worsening panic attacks. The treating physician has not documented the medical indication for continued use of this anxiolytic medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, 1 prescription of Buspar 10 mg #90 is not medically necessary.

1 prescription of Xanax 0.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and stress: Benzodiazepine.

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

Decision rationale: The requested 1 prescription of Xanax 0.5 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, notes that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has continued to have severe anxiety and depression. He was having worsening panic attacks. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, 1 prescription of Xanax 0.5 mg #60 is not medically necessary.