

Case Number:	CM15-0038704		
Date Assigned:	03/09/2015	Date of Injury:	12/16/2002
Decision Date:	04/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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, West Virginia, Pennsylvania
 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 63-year-old female, who sustained a work/ industrial injury on 12/16/02. She has reported symptoms of depression and anxiety. Injury was listed as to the psyche resulting in stress and also low back, bilateral upper extremities, wrists and shoulders. Mechanism of injury and prior medical history was not in the documentation provided. The diagnoses have included degenerative disc disease, and recurrent depressive disorder. Medications included Paroxetine, Diazepam, Buspirone, and Zolpidem. The treating physician's report (PR-2) from 1/31/15 indicated the injured workers mood was stable, good, anxiety has returned. Recommendation was for continued medications for 6 months. On 2/23/15, Utilization Review modified Paroxetine 10 mg, 135 count with one refill to Paroxetine 10 mg #120 with 0 refills; Diazepam 2 mg, 180 count with one refill to Diazepam 2 mg # 30 with 0 refills, citing the California Medical Treatment Utilization Schedule (MTUS), ACOEM Guidelines. On 2/23/15, Utilization Review modified Buspirone 10 mg, 180 count with one refill to Buspirone 10 mg # 30 with 0 refills for weaning off; and Zolpidem 10 mg, ninety count with one refill to Zolpidem 10 mg #30 with 0 refills for weaning off, citing the Non- California Medical treatment Utilization Schedule (MTUS), ACOEM Guidelines: US National Library of Medicine and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 10 mg, 135 count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Guidelines state that anti-depressants are recommended as a first line option for neuropathic pain and also for depression. In this case, the patient has been diagnosed with major depression and treatment with Paroxetine may be appropriate. However, there is no documentation of its efficacy and any associated functional improvement. Thus, the request for Paroxetine 10 mg, #135 with one refill is not medically appropriate and necessary.

Buspirone 10 mg, 180 count with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

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

Decision rationale: Buspirone is recommended for short-term treatment of anxiety. In this case, clinical documents do not indicate any functional improvement or extenuating circumstances that would support long-term use of Buspirone. Thus, the request for Buspirone 10mg #180 with one refill is not medically necessary and appropriate.

Zolpidem 10 mg, ninety count with one refill: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ambien.

Decision rationale: Guidelines do not support long-term use of zolpidem. In this case, there is no indication of objective findings of insomnia, the patients sleeping patterns, duration of therapy, side effects, or that she has failed first line therapy. The request for zolpidem 10 mg #90 with one refill is not medically necessary and appropriate.

Diazepam 2 mg, 180 count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Guidelines support diazepam for short-term use unless there are extenuating circumstances. In this case, documentation is lacking regarding functional improvement, side effects, and circumstances supporting long-term use. The request for valium 2 mg #180 with 1 refill is not medically necessary and appropriate.