

Case Number:	CM15-0047048		
Date Assigned:	03/19/2015	Date of Injury:	04/25/2011
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/12/2015

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:

The injured worker is a 46-year-old female, who sustained an industrial injury on 4/25/2011. She reported a back injury while working as a caregiver. The injured worker was diagnosed as having lumbar radiculopathy, sleep disorder and depression. There is no record of a recent radiology studies. Treatment to date has included therapy and medication management. Currently, the injured worker complains of chronic low back pain that shoots down the legs with numbness and tingling. In a progress note dated 2/18/2015, the treating physician is requesting Effexor, Buspar and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 225mg (75mg #90) 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 and Stress, Antidepressants for treatment of MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Venlafaxine Page(s): 123.

Decision rationale: This 46 year old female has complained of low back pain since date of injury 4/25/11. She has been treated with physical therapy and medications. The current request is for Venlafaxine (Effexor). Per the MTUS guideline cited above, Effexor is recommended as an option for the first-line treatment of neuropathic pain and is also approved for the treatment of depression and anxiety. There is inadequate documentation in the provider notes to support a diagnosis of neuropathic pain, anxiety or depression. On the basis of the MTUS guidelines and the lack of adequate documentation, Effexor is NOT indicated as medically necessary in this patient, and therefore is not medically necessary.

Buspar 20mg (10mg #180) with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/buspar.

Decision rationale: This 46 year old female has complained of low back pain since date of injury 4/25/11. She has been treated with physical therapy and medications. The current request is for Buspar. Per the guideline cited above, Buspirone is FDA approved as a first line, short term treatment for the diagnoses of anxiety and generalized anxiety disorder. There is inadequate documentation (subjective or objective) in the available medical records to support the presence of these diagnoses in this patient. On the basis of this lack of documentation and the above cited recommendation, Buspirone is not indicated as medically necessary in this patient, and therefore is not medically necessary.

Trazodone 200mg (50mg #120) 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 and Stress, Trazodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

Decision rationale: This 46 year old female has complained of low back pain since date of injury 4/25/11. She has been treated with physical therapy and medications. The current request is for Trazodone. Trazodone is approved for the treatment of depression. There is inadequate documentation of any subjective or objective findings of anxiety or depression in this patient. On the basis of this lack of medical documentation and per the MTUS guidelines cited above, Trazodone is not indicated as medically necessary in this patient, and therefore is not medically necessary.