

<b>Case Number:</b>	CM15-0059330		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female, who sustained an industrial injury on 4/9/09. She reported the initial complaint of overextending knee. The injured worker was diagnosed as having generalized anxiety disorder; psychogenic pain NEC; organic affective syndrome; post-surgical states NEC; lumbago; tear medial meniscus; persistent insomnia. Her diagnostic testing has included MR arthrogram. The PR-2 notes, dated 2/5/15, reported that the injured worker reported trigger point injections (10/2/14 and 1/8/15) resulted in relief and totally diminished the amount of oral medications she was taking as well as increased her daily activities. The provider requested a continuation of multiple medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam tab 1mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 25.

**Decision rationale:** The request for Alprazolam tab 1mg is not medically necessary. The patient reported relief with trigger point injections and a “totally diminished” need for oral medications. The California MTUS Chronic Pain Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. Additionally, the request did not include a frequency of dosing or an amount to be dispensed. As such, the requested service is not supported. Therefore, the request for Alprazolam tab 1mg is not medically necessary.

**Citalopram tab 20mg:** 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 Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** The request for Citalopram tab 20mg is not medically necessary. The patient continued to struggle with her depression despite a partial response to her medications. The Official Disability Guidelines do not recommend selective serotonin reuptake inhibitors for the treatment of chronic pain, but SSRIs may have a role in treating secondary depression. The prescribing physician should provide the indication for these medications. The provided documentation did indicate that the patient had a diagnosis of depression, but did not indicate measurable findings of efficacy with regard to the use of citalopram. Additionally, the request did not include the frequency of dosing or an amount to be dispensed. As such, the requested service is not supported. Therefore, the request for Citalopram tab 20mg is not medically necessary.

**Omeprazole cap 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69-70.

**Decision rationale:** The request for Omeprazole cap 20mg is not medically necessary. The patient reported relief with trigger point injections and a totally diminished need for oral medications. The California MTUS Chronic Pain Guidelines recommend proton pump inhibitors for patients who are taking non-steroidal anti-inflammatory drugs and are at intermediate to high risk for gastrointestinal events, and for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug therapy. The provided documentation did not indicate that this patient was taking non-steroidal anti-inflammatory drugs, was at intermediate to high risk for gastrointestinal events, or that she had a complaint of dyspepsia secondary to non-steroidal anti-inflammatory drug therapy. Additionally, the request did not include a frequency of dosing or an amount to be

dispensed. As such, the requested service is not supported. Therefore, the request for Omeprazole cap 20mg is not medically necessary.

**Buspirone 15mg #30:** 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 Official Disability Guidelines (ODG) Pain (Chronic), Anxiety medications in chronic pain.

**Decision rationale:** The request for Buspirone 15mg #30 is not medically necessary. The patient reported relief with trigger point injections and a totally diminished need for oral medications. The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment. BuSpar is recommended for generalized anxiety disorder and for short term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The recommended dose is 5 mg to 15 mg 3 times per day. The most recent note provided for review did not provide DSM IV diagnoses or documentation of efficacy with regard to the use Buspirone. This patient was previously taking benzodiazepines so efficacy may be decreased. Additionally, the request did not include a frequency of dosing. As such, the requested service is not supported. Therefore, the request for Buspirone 15mg #30 is not medically necessary.