MAXIMUS Federal Services

Case Number:	CM15-0072926		
Date Assigned:	05/11/2015	Date of Injury:	06/25/2008
Decision Date:	09/14/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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: Preventive Medicine, Occupational 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 41 year old male who sustained an industrial injury on 06/25/08. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, selective nerve root blocks, and cervical fusion. Diagnostic studies are not addressed. Current complaints include constant headaches, neck pain with radiation to the left upper extremity, and low back pain radiating to the right lower extremity. Current diagnose include residual scarring versus chronic nerve damage at left C6, anxiety/depression, transitional syndrome with stenosis and disc protrusion at C6, sleep disorder, left sided inguinal/abdominal hernia, acute exacerbation sprain/strain, status post multiple surgeries. In a progress note dated 03/24/15 the treating provider reports the plan of care as an additional selective nerve root block at left C6, acupuncture, and medications including Norco, Voltaren XR, and a urine drug screen. The requested treatments are Venlafaxine, Buspar, Prosom, and Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine XR 75 MG 3 Tabs Every Morning #225: Overturned

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 & Stress, Anti-depressants.

Decision rationale: According to the Official Disability Guidelines antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. I am reversing the previous UR decision. Venlafaxine XR 75 MG 3 Tabs Every Morning #225 is medically necessary.

Buspar 10 MG 1 Tab BID #150: 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) Pain (Chronic), Anxiety medications in chronic pain.

Decision rationale: The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis. Buspirone, trade name Buspar, is an anxiolytic psychotropic drug of the azapirone chemical class. Buspirone is approved in the [redacted] by the FDA for the treatment of anxiety disorders and the short-term relief of the symptoms of anxiety. The patient has been taking Buspar longer than is recommended. Buspar 10 MG 1 Tab BID #150 is not medically necessary.

Prosom 2 MG 1 Tab Every Hour #75: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Prosom 2 MG 1 Tab Every Hour #75 is not medically necessary.

Alprazolam 0.5 MG #150: 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: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Alprazolam .5 MG #150 is not medically necessary.