

Case Number:	CM15-0087176		
Date Assigned:	05/11/2015	Date of Injury:	06/25/2008
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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 8/25/08. He reported stress aggravated physical pain and disability involving primarily the neck and back conditions following lumbar and cervical fusion surgeries. He subsequently developed mental and behavioral impairments. The injured worker was diagnosed as having major depressive disorder, generalized anxiety and psychological factors affecting medical condition. Treatment to date has included psychotherapy, physical therapy and pain medications and anti-depressants. As of the PR2 dated 4/21/14, the injured worker reports constant 5/10 headaches and 3/10 pain in the lower back. He also indicated symptoms of anxiety, depression, stress and insomnia. The treating physician requested to continue Alprazolam 0.5mg #30, Buspar 10mg #30, Venlafaxine XR 75mg #45 and Prosom 2mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use. Guidelines generally recommend no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. Therefore, the request for Alprazolam 0.5 mg #30 is determined to not be medically necessary.

Buspar 10gm #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 444. Decision based on Non-MTUS Citation <http://www.drugs.com/buspirone.html>.

Decision rationale: Per manufacturer's information, Buspar (buspirone) is an anti-anxiety medicine that is used to treat symptoms of anxiety, such as fear, tension, irritability, dizziness, pounding heartbeat, and other physical symptoms. Per MTUS Guidelines, medications generally have a limited role in the treatment of stress related conditions. Limit use of anti-anxiety agents to short periods of time, i.e., periods when overwhelming anxiety limits the patient's ability to work or effectively perform the activities of daily living. Objective evidence of the benefits gained from the continued use of this medication had not been established. Therefore, the request for Buspar 10gm #30 is determined to not be medically necessary.

Venlafaxine XR 75mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: Venlafaxine XR is a Selective Norepinephrine Reuptake Inhibitor (SNRI). The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. The benefit that the injured

worker has gained from previous use of this drug has not been well delineated. The request for Venlafaxine XR 75mg #45 is determined to not be medically necessary.

Prosom 2mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks. Guidelines state that a more appropriate treatment would be an antidepressant. Therefore, the request for Prosom 2mg #15 is determined to not be medically necessary.