

Case Number:	CM15-0087892		
Date Assigned:	05/12/2015	Date of Injury:	01/18/2012
Decision Date:	06/30/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/07/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 27 year old male sustained an industrial injury to the back, head and neck on 1/18/12. The injured worker sustained a head laceration. Computed tomography of the brain (2/3/12) was negative. The injured worker was later diagnosed with bilateral mild to moderate hearing loss, vestibulopathy, depression and anxiety. Polysomnogram (7/13/14) showed severe obstructive sleep apnea. Previous treatment included a home automatic positive airway pressure machine (APAP), physical therapy, LINT therapy, shockwave therapy, psychiatric care and medications. In a Qualified Medical Examination in Psychiatry dated 7/14/14, the injured worker reported having flashbacks, avoidance symptoms, nightmares and hyper-arousal symptoms. The injured worker was diagnosed with posttraumatic stress disorder, chronic major depressive disorder in partial remission, cognitive disorder and post-concussive migraines. The physician recommended individual psychotherapy with cognitive behavioral therapy and establishing an appropriate psycho-pharmacologic treatment regimen based on his diagnoses. In a narrative report on medication management dated 1/26/15, the injured worker complained of depression, sleep disturbances, lack of motivation, difficulty thinking, excessive worry and inability to relax. The treatment plan included medication refills (Citalopram, Buspar, Floricet and Prosom).

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 10mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Uptake Inhibitors Page(s): 23,16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress chapter, Antidepressants for Treatment of MDD.

Decision rationale: The 27 year old patient presents with neck pain, low back pain, and headaches, as per progress report dated 02/02/15. The request is for CITALOPRAM 10mg QUANTITY 30 WITH 2 REFILLS. There is no RFA for this case, and the patient's date of injury is 01/18/12. Diagnoses, as per progress report dated 02/02/15, included spinal discopathy of cervical and lumbar spine. The patient also suffers from depression, anxiety and insomnia, as per progress report dated 12/10/14. The patient's work status has been documented as permanent and stationary, as per progress report dated 02/02/15. MTUS Guidelines are silent on Celexa specifically. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." In this case, none of the progress reports documents the use of Citalopram. As per progress report dated 12/10/14, the patient is depressed. However, there is no formal diagnosis of depression noted in the report. Additionally, there is no documentation of efficacy. ODG guidelines support the use of this medication only with "demonstrated effectiveness..." MTUS page 60 also requires documentation of improvement in pain and function when medications are used for chronic conditions. Hence, the request IS NOT medically necessary.

Floriset quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents; Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The 27 year old patient presents with neck pain, low back pain, and headaches, as per progress report dated 02/02/15. The request is for FIORICET QUANTITY 30 WITH TWO REFILLS. There is no RFA for this case, and the patient's date of injury is 01/18/12. Diagnoses, as per progress report dated 02/02/15, included spinal discopathy of cervical and lumbar spine. The patient also suffers from depression, anxiety and insomnia, as per progress report dated 12/10/14. The patient's work status has been documented as permanent and stationary, as per progress report dated 02/02/15. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)', states that Fioricet is "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates." In this case, the none of the progress reports discusses Fioricet. The patient suffers

from chronic neck and low back pain. However, ODG guidelines do not recommend Barbiturate-containing analgesics for chronic pain. Hence, the request IS NOT medically necessary.

Buspar 10mg quantity 60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Buspar.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Buspirone, Buspar®.

Decision rationale: The 27 year old patient presents with neck pain, low back pain, and headaches, as per progress report dated 02/02/15. The request is for BUSPAR 10mg QUANTITY 60 WITH 2 REFILLS. There is no RFA for this case, and the patient's date of injury is 01/18/12. Diagnoses, as per progress report dated 02/02/15, included spinal discopathy of cervical and lumbar spine. The patient also suffers from depression, anxiety and insomnia, as per progress report dated 12/10/14. The patient's work status has been documented as permanent and stationary, as per progress report dated 02/02/15. ODG Guidelines, Pain Chronic chapter, Anxiety medications in chronic pain discusses Buspirone and states, "c. 5-HT1A Agonist: Buspirone, Buspar, generic available: also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Chessick, 2006 Dosing information: 5-15 mg three times daily." Buspirone is an anti-anxiety medication. In this case, none of the progress reports documents the use of Buspar. As per progress report dated 12/10/14, the patient is anxious. However, there is no formal diagnosis of anxiety disorder noted in the report. Additionally, there is no documentation of efficacy. Hence, the request IS NOT medically necessary.

Prosom 2mg quantity 30 with two refills: Upheld

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

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

Decision rationale: The 27 year old patient presents with neck pain, low back pain, and headaches, as per progress report dated 02/02/15. The request is for PROSOM 2mg quantity 30 with two refills. There is no RFA for this case, and the patient's date of injury is 01/18/12. Diagnoses, as per progress report dated 02/02/15, included spinal discopathy of cervical and lumbar spine. The patient also suffers from depression, anxiety and insomnia, as per progress report dated 12/10/14. The patient's work status has been documented as permanent and stationary, as per progress report dated 02/02/15. The MTUS guidelines page 24 on benzodiazepines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks." None of the progress reports do not document the use of Prosom. While a trial may be appropriate for this patient, given the history of depression and anxiety, the requested quantity exceeds MTUS- recommended 4-week treatment period. Hence, the request is not medically necessary.