

Case Number:	CM15-0088023		
Date Assigned:	05/12/2015	Date of Injury:	01/18/2012
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 27-year-old male, who sustained an industrial injury on 1/18/2012. The current diagnosis is depressive disorder. According to the progress report dated 1/26/2015, the injured worker presents to the office for medication management for persistent symptoms of depression, anxiety, and stress-related medical complaints arising from an industrial stress injury to the psyche. Treatment to date has included medication management, psychological therapy, and relaxation training. The plan of care includes prescriptions for Buspar, Prosom, Citalopram, and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10 mg Qy 60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Anxiety medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: Regarding the request for Buspar (Buspirone), California MTUS and ACOEM do not contain criteria for the use of Buspirone. ODG states many antidepressants; in particular, the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. Other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs. Within the documentation available for review, there is no indication that the patient cannot be treated or has failed treatment with first-line agents such as antidepressants. In the absence of such documentation, the currently requested Buspar (Buspirone) is not medically necessary.

Prosom Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 page(s): 24 of 127.

Decision rationale: Regarding the request for Prosom (estazolam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement because of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In the absence of such documentation, the currently requested Prosom (estazolam) is not medically necessary.

Citalopram 10 mg Qty 30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) page(s): 107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions page(s): 395-396, 402, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 page(s): 107 of 127.

Decision rationale: Regarding the request for citalopram, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of

response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is evidence of recent mental status examinations to determine a diagnosis of depression. Additionally, there is documentation indicating the patient has responded to the current citalopram treatment. While it is noted that the reviewing physician states no decrease in depression was noted, there is documentation by the treating physician that depression complaints were less and patient forms filled out on 1/26/2015 with improved depression features. It is acknowledging that more objective measurements are used to assess the injured workers over all improvement as suggested and done by the qualified medical examiner on 7/14/2014, like the beck depression inventory. However, the current requested prescription of this medication should be sufficient to allow the requesting physician time to document that better. As such, the currently requested citalopram is medically necessary.

Fioricet Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 page(s): 23 of 127.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents is not recommended for chronic pain. They go on to state that 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. As such, the currently requested Fioricet is not medically necessary.