

Case Number:	CM15-0088364		
Date Assigned:	05/12/2015	Date of Injury:	07/21/1999
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 58-year-old female, who sustained an industrial injury on July 21, 1999. She reported her left hand was caught in a machine. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder, psychological factors affecting medical condition, Complex Regional Pain Syndrome (CRPS) left upper extremity with associated severe proximal cervical myofascitis, history of left fifth finger amputation injury, overuse syndrome right upper extremity due to compensation with early impingement, and new-onset diabetes. Treatment to date has included H-wave, trigger point injections, and medication. Currently, the injured worker complains of depression, anxiety, and stress related medical complaints. The Treating Physician's report dated April 3, 2015, noted the injured worker reporting improvements in depression, nervousness, and concentration, interest in activities, sleeping, and fatigue level. The treatment plan included a request for authorization for the prescriptions of Buspar, ProSom, and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was record of ProSom use on a chronic basis to help the worker sleep better. The documentation provided did state that it helped her sleep, but this was not quantified. In addition, this medication is not indicated for chronic use, and there was insufficient reporting found in the documentation to show why other insomnia treatment methods were not being utilized instead of the ProSom. Therefore, the request for ProSom will be considered medically unnecessary at this time. Weaning may be indicated.

Buspar 10 mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

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

Decision rationale: Buspirone is not discussed in the MTUS Guidelines. Buspirone is a non-benzodiazepine anxiolytic used as a secondary agent to treat chronic anxiety. First line therapy for anxiety is SSRIs, but buspirone may be considered for short-term use in some individuals who cannot tolerate SSRIs or as an adjunct with an SSRI, if SSRI is not sufficiently effective by itself. Buspirone is not likely to be helpful in those who have used benzodiazepines chronically. In the case of this worker, she had been using Welbutrin and Buspar for her depressions and anxiety, with clear reported benefits in anxiety reduction, more calm and relaxation directly related to the Buspar. It is appropriate to consider using this medication chronically for the diagnoses listed as long as it is an adjunct to the Welbutrin as is the case here. Therefore, the request for continuation of Buspar will be considered medically necessary.