

Case Number:	CM14-0116519		
Date Assigned:	09/19/2014	Date of Injury:	11/03/1993
Decision Date:	10/20/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year old patient had a date of injury on 11/3/1993. The mechanism of injury was not noted. In a progress noted dated 6/17/2014, the patient complains of lower back pain that is pretty constant and has been elevated today. She continues Buspar 5mg and this does well for patient's anxiety. On a physical exam dated 6/17/2014, there was insomnia and fatigue. There was tenderness at lumbar spine, tenderness at facet joint and decreased flexion and extension. There was also depression and anxiety, hypertension, as well as constipation. The diagnostic impression shows lumbago, low back pain, sciatica. Treatment to date: medication therapy, behavioral modification, TENs unit. A UR decision dated 7/8/2014 denied the request for Buspar 10mg, stating anxiolytics are not indicated for long term treatment with depression and anxiety. Lorazepam (no strength given) was denied, stating long term treatment is not indicated with benzodiazepines. Restoril 30mg was denied, stating that the patient has also been using Lorazepam and Buspar long term, and long term use is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg: 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) Pain Chapter Buspirone (Buspar)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Buspirone

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Buspirone hydrochloride tablets are indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Buspirone is also used to augment antidepressant therapy with treatment-resistant depression. In a progress note dated 6/17/2014, the patient was noted to be prescribed Buspar for 90 days. Although this patient complains of anxiety and depression, long term use is not indicated. Furthermore, this patient is also documented to be taking Lorazepam and Restoril, and no clear rationale was provided regarding the medical necessity of 3 anxiolytics. Therefore, the request for Buspar 10mg was not medically necessary.

Lorazepam (no strength given): Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. In a progress note dated 6/17/2014, this patient is also documented to be on Buspar for anxiety and Restoril, and no clear rationale was provided regarding the medical necessity of 3 anxiolytics. Furthermore, the strength for Lorazepam was not provided in the documentation. Therefore, the request for Lorazepam was not medically necessary.

Restoril 30mg: 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) Pain Chapter Insomnia

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. This patient has been on Restoril since at least 4/1/2014, and guidelines recommend short term use.

Furthermore, in a progress noted dated 6/17/2014, this patient is also documented to be Buspar for anxiety and Lorazepam, and no clear rationale was providing regarding the medical necessity of 3 anxiolytics. Therefore, the request for Restoril 30mg was not medically necessary.