

Case Number:	CM14-0123276		
Date Assigned:	08/08/2014	Date of Injury:	09/13/2013
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine & Rehabilitation, 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 is a 39-year-old male with a 9/13/13 date of injury. The mechanism of injury occurred when he was filling a ditch with gravel and felt low back pain. According to a progress report dated 7/16/14, the patient had developed difficulty urinating and complete loss of his bladder. He stated that his chronic lower back pain became acutely worse after attempting a long car ride. For his depression, he felt as though Sertraline was helping to balance his mood. He stated that he has been having trouble having his medications approved and this caused him anxiety. The provider has recommended an increase of Sertraline from 50 to 100mg every day and the addition of Buspar 7.5mg twice a day. Objective findings: patient appears to be in a lot of pain, tearful, frustrated, guarded, flattened affect. Diagnostic impression: acute on chronic low back pain, lumbar spondylosis with myelopathy and radiculopathy, neurogenic bladder, depression likely associated with chronic pain syndrome +/- adjustment disorder with component of anxiety. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/1/14 denied the requests for Norco, Sertraline, and certified the request for Buspar for 60 tablets. Regarding Norco, the patient has utilized Norco for an extended period of time and it does not appear that there have been significant subjective or functional improvements with the use of this medication. Regarding Sertraline, this patient has been recently certified to receive a prescription of Sertaline which should be adequate for the patient until the next follow up. Regarding Buspar, this patient has reported anxiety in association with his chronic pain and does not appear to have undergone treatment for this complaint. The treating physician has recommended a trial of Buspar for use twice daily which equates to a monthly supply of #60 which should allow for an adequate trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg (Unspecified Qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the quantity of medication is not noted in this request. Therefore, the request for Norco 10/325mg (unspecified QTY) was not medically necessary.

Sertraline 100 MG (Unspecified Qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16.

Decision rationale: CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The patient has stated that Sertraline was helping to balance his mood. A UR decision dated 7/24/13 certified the request for a 30-day supply of Sertraline 50mg. It is noted that the provider is increasing his dosage to Sertraline 100mg. However, the quantity of medication requested is not noted. Therefore, the request for Sertraline 100mg (Unspecified QTY), as submitted, was not medically necessary.

Buspar 7.5 Mg (Unspecified Qty): 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

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: Peer-reviewed literature ('Augmentation strategies for treatment-resistant depression: a literature review')

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. It is noted that the provider is adding Buspar to the patient's medication regimen to address his anxiety. However, the UR decision dated 8/1/14 certified a one-month supply of this medication. It is unclear why the patient would need additional medication at this time. Therefore, the request for Buspar 7.5mg (unspecified QTY) was not medically necessary.