

<b>Case Number:</b>	CM14-0127736		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for depression, insomnia, and sleep disturbance reportedly associated with an industrial injury of August 3, 2013. In a utilization review report dated August 1, 2014, the claims administrator partially certified a request for Buspar, partially certified a request for Temazepam, and partially certified a request for Celexa. The claims administrator invoked non-MTUS ODG Guidelines on Buspar and Temazepam; despite the fact the MTUS addresses the topic. The now-renumbered, now-outdated MTUS 9792.20(e) was also cited. In a February 5, 2014, progress note, the applicant reported persistent multifocal complaints of low back, neck, ankle, hip, and knee pain. A knee arthroscopy was recommended. The applicant was placed off work, on total temporary disability. In a June 18, 2014, progress note, the applicant reported multifocal neck, low back, and knee pain, exacerbated by standing, walking, kneeling, and negotiating stairs. The applicant was placed off work, on total temporary disability. Multiple unspecified medications were refilled. In a February 14, 2014, progress note, the applicant was described as having a variety of complaints; including hypertension, depression, diarrhea, constipation, gastritis, and low back pain. The applicant was on hydrochlorothiazide, Norvasc, Allegra, Prilosec, Buspar, Celexa, and Colace. The applicant did have complaints of depression, anxiety, and insomnia. The applicant was asked to continue on total temporary disability, it was stated. On April 14, 2014, the applicant again presented with a variety of medical and mental health complaints, including insomnia, anxiety, difficulty concentrating, depression, knee pain, back pain, shoulder pain, etc. The applicant was again described as using hydrochlorothiazide, Norvasc, Allegra, Prilosec, Buspar, Celexa, and Colace. The applicant was again placed off work, on total temporary disability. There was no explicit discussion of medication efficacy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Buspar 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medications for Anxiety

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as Buspar may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant has been using Buspar, an anxiolytic agent, for a span of several months, for issues associated with insomnia and anxiety. This is not an ACOEM-endorsed role for Buspar. The attending provider has not made a compelling case for long-term provision of anxiolytic medications such as Buspar here, in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

### **Temazepam 15mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Temazepam (Restoril)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 15, Stress Related Conditions, page 402 and on the MTUS Chronic Pain Medical Treatment Guidelines, page 7. The Expert Reviewer's decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as Temazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and physical resources, in this case, as with the request for Buspar, it appears that the applicant has been employing Temazepam, an anxiolytic medication, for a span of several months, despite the unfavorable ACOEM position on the same. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of the applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider has failed to furnish any rationale for provision of two separate anxiolytic medications, Buspar and Temazepam. Therefore, the request is not medically necessary.

### **Citalopram 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation 2. MTUS 9792.20(f).

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that it often takes "weeks" for antidepressants such as citalopram to exert their maximal effect, in this case, however, the applicant has been using citalopram, an antidepressant medication, for a span of several months, with no seeming demonstration of medication efficacy. The applicant remains off work, on total temporary disability. Significant mental health complaints of difficulty concentrating, insomnia, forgetfulness, difficulty making decisions, etc., persist. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of citalopram. Therefore, the request is not medically necessary.