

Case Number:	CM14-0167772		
Date Assigned:	10/15/2014	Date of Injury:	05/07/2014
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/11/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 24-year-old female with date of injury of 05/07/2014. The listed diagnoses per [REDACTED] from 07/08/2014 are: 1. Posttraumatic stress disorder. 2. Panic disorder without agoraphobia. 3. Major depressive disorder, single episode unspecified. 4. Psychological factors affecting medical condition (stress intensified headache and neck/shoulder/back tension pain). 5. Medical conditions according to medical specialist. According to the psychologist's initial report, the patient exhibits abnormal behavior with emotional withdrawal and visible anxiety when describing traumatic assault at work. The patient was punched in the face by a shoplifter. Apparently, the shoplifter had a key in his fist and slashed the patient in the face. The patient bled from a gash above her left eye. Her Beck Anxiety Inventory score is 20 which indicate moderate level of anxiety. The Beck Depression Inventory score of 19 places the patient in the mild to moderate range of subjective depression according to the scoring criteria. The treater states that the patient is in needed of emotional treatment. No other findings were mentioned on this report. The utilization review denied the request on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg bid #60 refills: 2, 90862: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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/box label of BuSpar (buspirone)

Decision rationale: This patient presents with anxiety, posttraumatic stress disorder, panic disorder, and depression. The treater is requesting Buspar 10 mg quantity #60 with 2 refills. The MTUS, ACOEM, and ODG Guidelines do not address this request. However the FDA/box label of Buspar (Buspirone) states, "Buspar is indicated for the management of anxiety disorders or the short-term relief of symptoms of anxiety. Anxiety or tension associated distress of everyday life usually does not require treatment with an anxiolytic...the effectiveness of Buspar in long-term use, that is, for more than 3 to 4 weeks, has not been demonstrated in control trials. There is no body of evidence available that systematically addresses the appropriate duration of treatment for GAD...therefore, the physician who elects to use Buspar for extended periods should periodically reassess the usefulness of the drug for the individual patient." It is not clear from the only report provided when the patient started taking Buspar. In this case, while a trial of Buspar is reasonable given the patient's current anxiety levels, the requested quantity exceeds the FDA/box label recommendation of 3 to 4 weeks. Therefore, Buspar 10mg twice per day #60 refills: 2, is not medically necessary.

Prosom 2mg at bedtime #30 refills: 2, 90862: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with anxiety, posttraumatic stress disorder, panic disorder, and depression. The treater is requesting Prosom, a benzodiazepine. The MTUS Guidelines page 24 on benzodiazepine states that it is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit the use to 4 weeks. The records do not show a history of Prosom use. In this case, while the trial is reasonable, the requested quantity exceeds MTUS recommendation of a 4-week treatment. Prosom 2mg at bedtime #30 refills: 2, is not medically necessary.

Bupropion 100mg 1am-1pm #60 refills: 2, 90862: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13 to 15.

Decision rationale: This patient presents with anxiety, posttraumatic stress disorder, panic disorder, and depression. The treater is requesting bupropion 100 mg. The MTUS Guidelines

page 13 to 15 on antidepressants states, "Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclic's are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated...assessments of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment." The records do not show a history of bupropion use. None of the reports mention it either. In this case, the patient does present with depressive disorder and a trial of bupropion is reasonable to determine its efficacy in terms of function, sleep quality, and pain relief. Therefore, Bupropion 100mg 1am-1pm #60 refills: 2, is medically necessary.