

Case Number:	CM14-0214770		
Date Assigned:	01/07/2015	Date of Injury:	01/17/2003
Decision Date:	03/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 52 year old male whose date of injury is continuous from 08/95-01/17/2003. His diagnosis is depression not otherwise specified with anxiety, and psychological factors effecting medical condion. Current medications include Lexapro, Klonopin 1mg, Buspar 15mg four times per day, and Ambien CR 12.5mg. He suffers from neck and right arm pain rated at 8-10/10 related to cervical radiculopathy. Conservative treatments were ineffective, epidurals provided 60% relief for around 6 months. He takes Percocet for pain. A PR2 of 07/21/14 by Dr. [REDACTED] noted complaints of pain, emotional depletion, depression, panic, agoraphobic tendencies, damaged self-esteem, reduced self-confidence, anxiety, irritability, fatigue, sleep problems, decreased cognition. A report of 10/30/14 by Dr. [REDACTED] shows that the patient presented with depression, anxiety, and stress related medical complaints due to his industrially related injury. There were no side effects. There were also no notations regarding any efficacy, or lack thereof, related to the patient's medication regimen. On 11/26/14 UR 1109643 noncertified Ambien, Klonopin and Buspar. On 12/08/14 Dr. [REDACTED] submitted a request for reconsideration. On 12/17/18 UR 1112050 noncertified these medications again. This is a request for medical necessity for Klonopin 1mg, Buspar 15mg, and Ambien CR 12.5mg. It is important to note that there are extensive records of an ED visit by the patient in April 2014 for chest pain, at which time he was being prescribed these agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30 with 2 refills: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

Decision rationale: There is no evidence that this patient was worked up for the cause of his sleep disturbance, from what phase of sleep disturbance he suffers, or that other methods were attempted prior to the use of pharmacologic agents (e.g. sleep hygiene education). Ambien CR is a nonbenzodiazepine sedative-hypnotic recommended as a first line agent for insomnia, however it is not recommended for long term use. There is no demonstrated improvement in sleep in any documentation provided. Use of this agent exceeds recommended guidelines. As it has already been noncertified previously, there is no need to allow for a taper schedule. This request is therefore noncertified.

Klonopin 1mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: Klonopin is a benzodiazepine, which is contraindicated per guidelines for long term use due to its potential for dependency and side effects. There is no documented evidence that the patient is receiving any benefit from this medication. He has been on Klonopin since at least April 2014, well exceeding guidelines. In addition, a more appropriate treatment for anxiety disorder is an antidepressant, and the patient is already on Lexapro. Although a taper schedule would be recommended on discontinuation, prior UR of 11/26/14 already noncertified this medication. Therefore, this request is noncertified.

buSpar 15mg #120 with 2 refills: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antianxiety Medications in Chronic Pain

Decision rationale: Buspar is a 5HT1A agonist which is FDA approved in the treatment of generalized anxiety disorder. The patient does not carry this diagnosis. It is to be used in the short term three times per day, however he has been prescribed this medication since at least April 2014 and is using it four times per day. There is no documented benefit shown from this medication. This request is therefore noncertified.