

Case Number:	CM14-0071836		
Date Assigned:	07/16/2014	Date of Injury:	05/26/2004
Decision Date:	05/27/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is 50 year old female, who sustained an industrial injury on May 26, 2004. The injured worker has been treated for back, right arm and right leg complaints. The diagnoses have included lumbago, myalgia and myositis, chronic back pain syndrome, major depressive disorder, anxiety disorder, right elbow pain, cervical degenerative disc disease, lumbar / lumbosacral degenerative disc disease, chronic pain syndrome and right lateral epicondylitis. Treatment to date has included medications, radiological studies, psychiatric assessments, physical therapy, cognitive behavior therapy and a home exercise program. Current documentation dated April 22, 2014 notes that the injured worker reported anxiety, palpitations, feeling fearful and an increase in low back pain. The injured worker was noted to have gastroesophageal reflux disease related to the use of her chronic pain medications. The treating physician's plan of care included a request for the medications Sertraline, Buspar and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 100mg x 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Antidepressants MDD.

Decision rationale: Pursuant to the Official Disability Guidelines, sertraline 100 mg times six months is not medically necessary. Sertraline is recommended as a first-line treatment for major depressive disorder and PTSD. Sertraline is a selective serotonin reuptake inhibitor. For additional details see the guidelines. In this case, the injured worker's working diagnoses are major depressive disorder; chronic pain syndrome associated with both psychological factors and a general medical condition; anxiety disorder; and lumbosacral pain. The documentation indicates, according to a progress note dated April 22, 2014, the injured worker was prescribed Paxil. The worker had adverse effects associated with Paxil and during the last week of January 2014 (specific date not in the medical record) Paxil was discontinued and sertraline was started. According to a March 11, 2014 progress note, sertraline was increased from 25 mg to sertraline 50 mg. Anxiety lessened somewhat in the worker and the worker continued cognitive behavioral therapy. The plan was to increase sertraline to 75 mg at bedtime. The most recent progress note, dated April 22, 2014, states the injured worker was experiencing grogginess with the new sertraline dose. The injured worker was also experiencing palpitation, nervousness and was fearful. Despite these symptoms, the treating provider increased sertraline to 100mg. The injured worker complained of morning fatigue and the treating provider stated dose would be reduced to 75 mg. At the same time, the treating provider discussed switching to Buspar once the injured worker was stabilized on sertraline 100 mg. The documentation is unclear as to what dose of sertraline the treating provider was going to continue based on the adverse effects the injured worker was experiencing (supra). The treating provider also prescribed a six month supply without any closer follow-up documented in the record. Consequently, absent clear clinical documentation as to the injured worker's adverse effects experienced while on increasing doses of sertraline with a six-month supply, sertraline 100 mg times six months is not medically necessary.

Buspar 10mg x 6 months: 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 Official Disability Guidelines (ODG) Pain section, Anti-anxiety drugs and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a688005.html>.

Decision rationale: Pursuant to the Official Disability Guidelines and Medline plus, Buspar 10 mg times six months is not medically necessary. Buspar is used to treat anxiety disorders or in the short-term treatment of anxiety. Buspar is indicated for short-term relief of anxiety

symptoms. Efficacy is decreased in patients with prior recent benzodiazepines. It is indicated for generalized anxiety disorder. In this case, the injured worker's working diagnoses are major depressive disorder; chronic pain syndrome associated with both psychological factors and a general medical condition; anxiety disorder; and lumbosacral pain. The documentation indicates, according to a progress note dated April 22, 2014, the injured worker was prescribed Paxil. The worker had adverse effects associated with Paxil and during the last week of January 2014 (specific date not in the medical record) Paxil was discontinued and sertraline was started. According to a March 11, 2014 progress note, sertraline was increased from 25 mg to sertraline 50 mg. Anxiety lessened somewhat in the worker and the worker continued cognitive behavioral therapy. The plan was to increase sertraline to 75 mg at bedtime. The most recent progress note, dated April 22, 2014, states the injured worker was experiencing grogginess with the new sertraline dose. The injured worker was also experiencing palpitation, nervousness and was fearful. Despite these symptoms, the treating provider increased sertraline to 100mg. The injured worker complained of morning fatigue and the treating provider stated dose would be reduced to 75 mg. At the same time, the treating provider discussed switching to Buspar once the injured worker was stabilized on sertraline 100 mg. The documentation is unclear as to what dose of sertraline the treating provider was going to continue based on the adverse effects the injured worker was experiencing (supra). A six-month supply of Buspar is premature at this time. The injured worker was not yet stabilized on sertraline and the treating provider (indicated in April 22, 2014 progress note) stated he would switch the injured worker once stabilized on sertraline 100 mg. The injured worker was still experiencing adverse effects on sertraline. Additionally, the treating provider provided a six-month supply of Buspar without any scheduled frequent follow-up. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Buspar 10 mg times six months is not medically necessary.

Lorazepam 0.5mg: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 0.5mg is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are major depressive disorder; chronic pain syndrome associated with both psychological factors and a general medical condition; anxiety disorder; and lumbosacral pain. The documentation shows lorazepam was started July 30, 2012. There is no documentation in the medical record reflecting objective functional improvement with lorazepam based on continued generalized anxiety in subsequent progress notes. Lorazepam is not recommended for long-term use (longer than two weeks). The treating provider prescribed lorazepam greater than 12 months. This is in excess of the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement in axis of the recommended guidelines (not recommended for long-term use longer than two weeks), Lorazepam 0.5mg is not medically necessary.