

Case Number:	CM15-0110495		
Date Assigned:	06/19/2015	Date of Injury:	06/25/2008
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 6/25/08. He complains of constant neck pain radiating to the left arm/forearm and constant low back pain that radiates to the right buttocks. Subsequent to the industrial injury he developed depression and anxiety due to constant pain and disability. On 02/11/15 he reported anxiety, depression, stress, decreased energy and motivation, inability to relax, and pessimism. His diagnoses are major depressive disorder single episode unspecified, generalized anxiety disorder, and psychological factors affecting medical condition He has received cognitive behavioral therapy, biofeedback, a home exercise program, and he has been treated surgically and with physical therapy. Medications include Prosom, alprazolam, venlafaxine and Buspar. On 03/05/15 the patient reported decreased symptoms due to his medications. He reported improvement in concentration and sleep, decrease in yelling, time in bed, headaches, pain, fatigue, and hopelessness. On 05/19/15 he was seen at the Hamlin center, where he was described as increasingly depressed and anxious over the years due to persistent back pain. Beck Inventories were moderate for anxiety, and moderate to severe for depression. On 05/26/15 he received a C6 nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Buspar, ODG Pain chapter Anti-anxiety medications in chronic pain.

Decision rationale: The patient suffers from generalized anxiety disorder. Per ODG, Buspar is an appropriate medication to use in the treatment of GAD and would be considered medically necessary. However, there is no quantity or directions specified in this request. Until such time as this is clarified, this request is not medically necessary.

Venlafaxine XR 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123 of 127.

Decision rationale: The patient suffers from major depressive disorder, single episode unspecified. Beck inventory has rated in the moderate-severe range. It is unclear exactly when he was started on venlafaxine, but as reported the patient has received benefit evidenced by improvement in symptoms. Venlafaxine, a SNRI, is an antidepressant indicated for major depressive disorder and is considered medically necessary. It would be contraindicated to remove a patient from a medication that he is receiving benefit from. In this case however no quantity or directions were specified. Until such time as these are clarified this request is not medically necessary.