MAXIMUS Federal Services

Case Number:	CM15-0118311		
Date Assigned:	06/26/2015	Date of Injury:	09/04/2008
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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, 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 a 63-year-old female who reported an industrial injury on 9/4/2008. Her diagnoses, and/or impressions, are noted to include: displacement of the cervical inter-vertebral disc without myelopathy; and major depressive disorder, single episode, with generalized anxiety disorder and psychological factors affecting medical condition. No current imaging studies are noted. Her treatments are noted to include psychiatric evaluation and treatment with medication management. The psychiatric progress notes of 5/7/2015 reported a return for medication management of persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche. Her current subjective complaints were noted to include: depression with changes in appetite, lack of motivation, difficulty getting to and staying asleep, weight loss, excessive worry, restlessness, tension, pressure and the inability to relax, palpitations and shortness of breath, tension headaches, peptic-acid reaction, and abdominal pain/cramping. She also reported that she can sleep better, is out of bed longer, gets along better, has fewer gastrointestinal symptoms, and is less depressed, anxious and panicked. Objective findings were noted to include that she was casually dressed, soft spoken, had depressed fascial expressions with visible anxiety, and was emotionally withdrawn. The physician's requests for treatments were noted to include the continuation of Buspar and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/meds/a688005.html.

Decision rationale: Pursuant to Medline plus, Buspar 10 mg #60 with two refills is not medically necessary. Buspar (Buspirone) is used to treat anxiety disorders or in the short-term treatment of symptoms of anxiety. In this case, the injured worker's working diagnoses are major depressive disorder, single episode unspecified; generalized anxiety disorder; and psychological factors affecting medical condition. Documentation from a November 18, 2014 progress note shows the treating provider prescribed BuSpar 10 mg and Ambien 10 mg. The start date is unspecified based on the medical record documentation available for review. The documentation shows the injured worker was prescribed Xanax concurrently with Buspar. Both medications are indicated for anxiety. There is no clinical rationale for the concurrent use of both Xanax and Buspar. Consequently, absent clinical documentation for the clinical indication and rationale for two anxiolytics and documentation demonstrating objective functional improvement with Buspar, Buspar 10 mg #60 with two refills is not medically necessary.

Ambien 10mg #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.

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, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 with two refills is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are major depressive disorder, single episode unspecified; generalized anxiety disorder; and psychological factors affecting medical condition. Documentation from a November 18, 2014 progress note shows the treating provider prescribed BuSpar 10 mg and Ambien 10 mg. The start date is unspecified based on the medical record documentation available for review. There is no documentation indicating the injured worker suffers with insomnia or sleep disorder. Additionally, Ambien is indicated for short-term (7 to 10 days). The treating provider continued Ambien from November 18, 2014 through May 15, 2015 (in excess of six months). Consequently, absent clinical documentation with the clinical indication and rationale for Ambien and treatment in excess of the recommended guidelines for short-term (7 to 10 days), Ambien 10 mg #30 with two refills is not medically necessary.