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| Case Number: | CM15-0043948 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 05/30/2005 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 02/24/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 5/30/2005. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having history of complex regional pain syndrome in left upper and left lower extremities, history of low back pain with left radicular symptoms, and opioid dependence. Treatment to date has included medications, and urine drug screening. The request is for Amitriptyline HCL 50mg #60 and Buspirone 10mg #90. On 1/5/2015, she is seen for a 2 month follow up and reported her pain to be unchanged. The treatment plan included: magnetic resonance imaging, aerobic exercise, avoidance of non-steroidal anti-inflammatory drugs due to bleeding issues, urine drug screening, and follow up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 50 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this chronic injury with continued pain complaints. Report has noted the patient with complaints of persistent pain taking chronic medications without demonstrated specific functional improvement in terms of increased ADLs, decreased medication profile and medical utilization for this chronic injury. The Amitriptyline HCL 50 mg QTY: 60.00 is not medically necessary and appropriate.

Bupirone HCL 10 mg QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/988416>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Anxiety Medications in Chronic Pain, Buspar, page 660-666.

Decision rationale: Buspirone HCl is indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. The efficacy of buspirone HCl has been demonstrated in controlled clinical trials of outpatients whose diagnosis roughly corresponds to Generalized Anxiety Disorder (GAD). The effectiveness of BuSpar in long-term use, that is, for more than 3 to 4 weeks, has not been demonstrated in controlled 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. Submitted reports have not demonstrated functional benefit from treatment rendered to support for its continued use. The Buspirone HCL 10 mg QTY: 90.00 is not medically necessary and appropriate.