

Case Number:	CM15-0061726		
Date Assigned:	04/07/2015	Date of Injury:	05/09/2012
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 33 year old male who sustained an industrial injury on 05/09/2012. Diagnoses include adjustment disorder with anxiety and depressed mood, sciatica, lumbar/lumbosacral disc degeneration, and lumbar spine surgery. Treatment to date has included diagnostic studies, medications, cognitive behavioral therapy/supportive therapy, acupuncture, physical therapy, and chiropractic treatments. A psychiatrist's progress note dated 01/29/2015 documents the injured worker is comfortable on his medications and is stable. Anxiety, tension, irritability and quick temper are reduced. Depression and insomnia is reduced. He denies suicidal ideation, and panic attacks. Memory and concentration are somewhat impaired. Appetite is low and weight is somewhat lower, energy and sociability are low. Treatment requested is for Ambien 10mg #30, and Buspar 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.

Buspar 10mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference, buspar.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication. The physician desk reference states the medication is indicated in the treatment of generalized anxiety. The patient has the diagnosis and no contraindications to taking this medication. Therefore, the request is medically necessary.