

<b>Case Number:</b>	CM15-0067599		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/10/2003
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 72 year old female, who sustained an industrial injury on 08/10/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having single episode of major depression, generalized anxiety disorder, panic disorder with agoraphobia, pain disorder, osteoarthritis, osteoporosis, pituitary disorder, cervicgia, and right rotator cuff tear. Treatment and diagnostic studies to date has included medication regimen, intensive outpatient program, deep breathing exercises, injection to the shoulder, use of heating pad, and use of stiff collars. In a progress note dated 02/10/2015 the treating physician reports that the symptoms of depression are "up and down" from day to day; irregular sleep that include multiple nightly awakenings and nightly nightmares; daily anxiety related headaches, tension, chest pain; and anxiety attacks that occur three to four times weekly. The treating physician also noted complaints of intermittent, aching and snapping pain to the neck, intermittent sharp right shoulder pain, occasional headaches, and constant, stabbing bilateral hand pain. The injured worker's current medication regimen includes Fetzima, BuSpar, Fioricet/Codeine, Tramadol ER, and Metaxalone. The documentation provided did not indicate the effectiveness of the above listed medications with regards to functional improvement or improvement in the injured worker's above listed symptoms. The treating physician requested the medications of BuSpar tablet 10mg with a quantity of 60 and Fioricet/Codeine 50/325/40/30mg but the documentation provided did not indicate the specific reasons for these requested medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Buspar 10mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain and Other Medical Treatment Guidelines <https://online.epocrates.com/>; Buspar monograph.

**Decision rationale:** MTUS and ACOEM are silent concerning Buspar. ODG states "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below". ODG additionally states: (c) 5-HT1A Agonist: Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. (Chessick, 2006) Dosing information: 5-15 mg three times daily (Package insert)" Buspar has been prescribed since 10/7/14 and Buspar is recommended for short term use per ODG. In addition the patient is noted to continue to have anxiety while taking the medication in the 1/19/15 progress note. As such the request for Buspar 10 mg #60 is not medically necessary at this time.

### **Fioricet codeine 50/325/40/30mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs), Opioids Page(s): 23, 74-96.

**Decision rationale:** MTUS states: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache". ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment,

intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The treating physician has not detailed a trial and failure of first line agents and detailed why such an addictive drug is needed at this time. As such, the request for Fioricet codeine 50/325/40/30mg is not medically necessary.