

Case Number:	CM15-0067967		
Date Assigned:	04/15/2015	Date of Injury:	04/27/2011
Decision Date:	06/03/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	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: Illinois

Certification(s)/Specialty: 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 54 year old female with an industrial injury dated 04/18/2011. The mechanism of injury was when the injured worker "felt that the heavy weight of a cleaning contraption she was using pulled her back and she felt a crack in both of her shoulders and her neck." Her diagnoses included major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Prior treatments have included physical therapy, cortisone injection to left elbow, psychiatric evaluation and medications. The injured worker presented 03/10/2015 with symptoms of depression, sleep disturbance, decreased energy and difficulty thinking. The physician documents the injured worker has experienced stress intensified medical symptoms due to her emotional symptoms. The injured worker was found to be too depressed, anxious and withdrawn to work. She exhibited abnormal behavior with internal pressure, visible anxiety and depressive facial expressions during the exam. The treatment plan included 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: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: The Official Disability Guidelines indicate that anxiety medications for chronic pain are recommended. There should be documentation of an anxiety disorder including generalized anxiety disorder, panic disorder, post-traumatic stress disorder, social anxiety disorder, or obsessive compulsive disorder. The clinical documentation indicated the injured worker had generalized anxiety disorder, which would support the use of the medication. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Buspar 10mg #60 is not medically necessary.

Lunesta 3mg #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 Treatment in Workers' Compensation (ODG-TWC), Pain chapter (Chronic), Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lunesta.

Decision rationale: The Official Disability Guidelines indicates the use of Lunesta is for the short term treatment of insomnia, generally 2 to 3 weeks. The clinical documentation submitted for review indicated the injured worker had sleep disturbance as a result of injury. More than 3 weeks of treatment would be excessive. The request as submitted, however, failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta 3mg #30 is not medically necessary.

Fioricet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic (BCAs).

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

Decision rationale: The California MTUS Guidelines do not recommend the use of barbiturate containing analgesic agents. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The rationale was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Fioricet #60 is not medically necessary.

Celexa 20mg #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 Treatment in Workers' Compensation (ODG-TWC), Online Edition, Pain Chapter (Chronic), Anxiety Medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated the injured worker had pain that was accompanied by insomnia, anxiety, and depression. However, there was a lack of documentation indicating the injured worker's pain was neuropathic. This medication would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Celexa 20mg #60 is not medically necessary.