

Case Number:	CM15-0068533		
Date Assigned:	04/16/2015	Date of Injury:	09/18/2013
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 55 year old male who sustained an industrial injury on 09/18/2013. Diagnoses include moderate depression and severe anxiety related to pain disorder, cervical disc bulge, lumbar spine strain, right orbital fracture, gait abnormality, multiple fractures, deep vein thrombosis, obesity, and right knee pain. Treatment to date has included diagnostic studies, status post femur surgery on 09/18/2013, status post-surgery for femur malunion on 03/04/2014, medications, cognitive behavioral therapy, physical therapy, acupuncture sessions, and Supartz knee injections. A physician progress note dated 02/26/2015 documents the injured worker has a depressed affect. He walks very slowly with a front wheel walker. Right hip flexion remains 4-/5, knee extension is 4-/5, left hip flexion and extension is 4+/5. There is tenderness over the right posterior hamstrings especially around the insertion into the back of the knee. Treatment requested is for Buspar 10mg (1 tab by mouth twice a day) Qty 180 (Prescribed 02/26/15), Motrin 800mg (1 tab by mouth 3 times a day as needed) Qty 270 (Prescribed 02/26/15), Protonix 20mg (1 tab by mouth every day) Qty 90 (Prescribed 02/26/15), and Vistaril 50mg (1 tab by mouth every night) Qty 90 (Prescribed 02/26/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg (1 tab by mouth 3 times a day as needed) Qty 270 (Prescribed 02/26/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Physician's Desk Reference: Motrin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Motrin (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. Medical necessity of the requested medication, Motrin 800mg, has not been established. The request for this medication is not medically necessary.

Vistaril 50mg (1 tab by mouth every night) Qty 90 (Prescribed 02/26/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pfizer medication information (Oct 2001).

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

Decision rationale: Vistaril (Hydroxyzine) is used as a sedative to treat anxiety and tension. It also acts as an antihistamine and used to treat allergic skin reactions. In this case, there is documentation of depression, anxiety, and stress related medical complaints arising from the industrial injury. It has been noted that all of his medications, including Vistaril, have been beneficial in the treatment of his mental health conditions. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Buspar 10mg (1 tab by mouth twice a day) Qty 180 (Prescribed 02/26/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Anxiety medications in 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) Generalized anxiety disorder.

Decision rationale: Generalized anxiety disorder (GAD) is characterized by anxiety/tension, excessive worry, restlessness, fatigability, poor concentration, irritability, muscle tension and poor sleep. Treatment for GAD is patient specific. SSRIs or SNRIs are typically first-line agents for GAD. Some patients may require adjunctive psychotherapy, such as cognitive behavioral therapy (CBT) or may prefer psychotherapy, instead of pharmacotherapy. Buspar (Buspirone) is a 5-HT_{1A} agonist that is approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. In this case, it does not appear that the patient has been prescribed an antidepressant for his psychological symptoms and as an adjuvant for his chronic pain. The medical necessity for Buspar has not been established. The requested medical is not medically necessary.

Protonix 20mg (1 tab by mouth every day) Qty 90 (Prescribed 02/26/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.