

Case Number:	CM15-0075144		
Date Assigned:	04/27/2015	Date of Injury:	03/29/1995
Decision Date:	05/28/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, California
 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 65 year old female, who sustained an industrial injury on 3/29/95. The injured worker has complaints of low back pain, recently worse right iliac area and spasms. The diagnoses have included post lumbar fusion and lumbar ligament insufficiency. Treatment to date has included injections; Zoloft; buspar; ibuprofen, lorzone; valium and advil and lumbar fusion. The request was for valium 5mg, #60 with 2 refills and buspar 15mg, #60 with 5 refills. The medication list includes Buspar, Valium, Zoloft, Chlorzoxazone and Ibuprofen. Per the doctor's note dated 3/10/15 patient had complaints of low back pain. Physical examination of the low back revealed painful ROM, tenderness on palpation on review of system patient had no psychological symptoms and had no history of bipolar or schizophrenia. A recent detailed psychological and behavioral evaluation note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Request: Valium 5mg, #60 with 2 refills. Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. Per the notes, the pt is taking the valium for muscle spasms. He has also taken chlorzoxazone which is also a muscle relaxant. The response to that muscle relaxant without the valium/ benzodiazepine is not specified in the records provided. The medical necessity of the request for Valium 5mg, #60 with 2 refills is not fully established in this patient. Therefore the request is not medically necessary.

Buspar 15mg, #60 with 5 refills: Upheld

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 Official Disability Guidelines (ODG) Chapter Pain (updated 04/30/15) Anxiety medications in chronic pain.

Decision rationale: Buspar 15mg, #60 with 5 refills. MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guideline, "Anxiety medications in chronic pain: 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)" A detailed history of anxiety is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Buspar 15mg, #60 with 5 refills is not fully established in this patient. Therefore the request is not medically necessary.