MAXIMUS Federal Services

Case Number:	CM15-0078377		
Date Assigned:	04/29/2015	Date of Injury:	01/05/2007
Decision Date:	07/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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: California, 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 50 year old male who sustained an industrial injury on 01/05/2007. Current diagnoses include chronic nonmalignant low back pain and lumbosacral radiculopathy. Previous treatments included medication management, and psychological treatment. Report dated 03/13/2015 noted that the injured worker presented with complaints that included chronic pain in the lumbar spine with radiation to the lower extremities. Pain level was 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included refilling medications. Disputed treatments include Buspar, Prosom, Risperidone, and Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg #60 with 2 refills: 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), Treatment Index, 11th Edition (web), 2013, Mental Illness & Stress, Atypical Antipsychotics.

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.

Decision rationale: CA MTUS does not address the use of Buspar for treatment of anxiety. The patient has chronic lumbar pain with associated anxiety. The ODG states that anxiety secondary to pain can be treated with Buspar on a short-term basis only. This patient has a remote injury (2007) and the chronic use of Buspar is not recommended. It is unlikely that chronic use of Buspar will improve his relief of pain or function, therefore this request is deemed not medically necessary or appropriate.

Alprazolam 0.5mg #30 with 2 refills: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit their use to 4 weeks. In this case the patient has been on alprazolam for an extended period. The available evidence received did not provide a compelling reason to override the cited guidelines that are not supportive. There is no justification provided for the chronic use of benzodiazepines in treating anxiety associated with chronic low back pain. Therefore, this request is deemed not medically necessary or appropriate.

Prosom 2mg #30 with 2 refills: Upheld

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

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

Decision rationale: CA MTUS does not address Prosom, a benzodiazepine derivative used for insomnia. It is not recommended for anxiety. Benzodiazepines are not recommended for long-term use because long term efficacy is unproven and there is a risk of dependency. The request is for #30 Prosom with 2 refills, which falls outside the guidelines of 4 weeks' use of this medication. In this case there is no justification for the chronic use of a benzodiazepine derivative. Thus, the request is deemed not medically necessary or appropriate.

Risperidone 0.5mg #30 with 2 refills: 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), Treatment Index, 11th Edition (web), 2013, Mental Illness & Stress, Atypical Antipsychotics.

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

Decision rationale: The CA MTUS does not specifically address the use of Risperidone. The ODG states that atypical antipsychotics (AA) such as Risperidone are not recommended as first-line agents in treating anxiety. AAs provide little improvement in quality of life and increased function. They do not have a favorable risk to benefit profile in most patients. AAs should not be a first-line treatment for anxiety, insomnia, dementia or behavioral problems. There is an abundance of evidence of treatment-related harm with Risperidone. Use of a chronic antidepressant is preferable in this case. A justifiable rationale for this request is not provided, therefore the request is deemed not medically necessary or appropriate.