MAXIMUS Federal Services

Case Number:	CM15-0098610		
Date Assigned:	05/29/2015	Date of Injury:	04/26/2007
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 54-year-old male who sustained an industrial injury on 04/26/2007. The original report of injury is not included in the medical records provided. He reported an industrial stress injury to the psyche. The injured worker was diagnosed as having depressive disorder not otherwise specified with anxiety and post -traumatic reaction; psychological factors affecting medical condition (stress-intensified headache, dry throat, dermatological reaction, neck/shoulder/back/ back muscle tension/pain, shortness of breath, chest pain, palpitations, peptic acid reaction and diarrhea). Treatment to date has included prescription medications and counseling. Currently, the injured worker complains of depression, changes in appetite, sleep disturbance, lack of motivation, excessive worry, restlessness, jumpiness, tension, anticipation of misfortune, suspicion, difficulty falling asleep, tension headache, muscle tension, changes in weight, decreased energy, agitation, difficulty thinking, inability to relax, pressure, difficulty staying asleep[, erectile dysfunction, diminished self-esteem, weight gain, shaking, nausea, early morning awakening, peptic acid reaction, and bowel dysfunction. Objectively the IW presents with visible depressed facial expressions and anxiety with an aura of being pressured. There was functional improvement in that he has also become less apt to yell, appears less depressed and nervous, exhibits less hopelessness, fatigue, headaches, painfulness, and reports that he is more socially active and is spending less time trying to sleep. A request for authorization is made for Ambien 10mg #30 (2 refills), Wellbutrin SR 100mg #30 (2 refills), and Buspar 10mg #60 (2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 (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), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics Benzodiazepine-receptor agonists (http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm.

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduling IV controlled substances, which mean they have potential for abuse and dependency."Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. There is no recent documentation of sleep problems. Therefore, the prescription of Ambien 10mg #30 with 2 refills is not medically necessary.

Wellbutrin SR 100mg #30 (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), Mental Illness and Stress chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

Decision rationale: According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However there no documentation of pain and functional improvement with previous use of Wellbutrin. Based on the above, the prescription of Wellbutrin SR 100mg #30 with 2 refills is not medically necessary.

Buspar 10mg #60 (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), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Generalized Anxiety (http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Education).

Decision rationale: Buspar is approved for short-term relief of anxiety symptoms. According to ODG guidelines, its efficacy is reduced in patients with recent prior benzodiazepine use. There is no recent documentation that the patient is suffering from anxiety and no evaluation of the efficacy and safety of previous use of Buspar. There is no rational behind the continuous use of Buspar. Therefore, the prescription of 60 Buspar 10mg with 2 refills is not medically necessary.