

Case Number:	CM14-0101962		
Date Assigned:	07/30/2014	Date of Injury:	05/21/1993
Decision Date:	09/26/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 63 year-old individual was reportedly injured on 5/21/1993. The mechanism of injury is not listed. The most recent progress note, dated 5/22/2014. Indicates that there are ongoing complaints of poor appetite, difficulty sleeping, anxiety and depression. The physical examination demonstrated: alert and oriented, quite anxious, otherwise unremarkable examination with minimal documentation. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Effexor 150mg #60 with 5 refills, Bupirone 10 Mg and was not certified in the pre-authorization process on 6/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor ER 150mg #60, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not specified.

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

Decision rationale: Venlafaxine (Effexor) is an SNRI medication that is FDA approved for the treatment of anxiety, depression, panic disorder, and social phobias. Off-label use includes

fibromyalgia, neuropathic pain, and diabetic neuropathy. The clinical documents provided do indicate a diagnosis of depression, anxiety . Accordingly, this medication is recommended for use in treating these diagnoses. However, the treating physician requested #60 with 5 refills. This is considered excessive and is not medically necessary based on current documentation.

Buspirone 10mg (quantity not specified): 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Head (trauma, headaches, etc., not including stress & mental disorders).

Decision rationale: ODG guidelines were used to cite this request for buspirone. This medication is used to treat patients for anxiety short-term. After review the medical documentation provided it is noted the treating physician has increased the injured workers antidepressant medication, therefore the need for this medication is deemed not medically necessary at this time.