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| Case Number: | CM14-0145807 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/01/2005 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 injured worker is a 64 year old female who had a work related injury on 03/01/05. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 06/24/14 (handwritten). The injured worker complained of increased pain in the right shoulder, right side of her neck right arm and head and low back with radiation into the right lower extremity left greater than right. Pain extended to right calf. Physical examination noted the injured worker utilized a cane and was very dizzy on exam and almost fell over. Heel walk was painful reproducing lumbosacral spine pain. Prior utilization review on 08/28/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupirone 10mg QTY: 60 DOS 6/24/2014: 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) (updated 07/10/14), Pain, Anxiety Medications

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Anxiety medications in chronic pain

Decision rationale: The request for Buspirone 10mg QTY: 60 DOS 6/24/2014 is not medically necessary. The clinical documentation submitted for review does not support the request. Buspirone is an anti-anxiety medication, there is no clinical documentation of anxiety for this injured worker. Therefore, medical necessity has not been established.

Citalopram 40mg QTY: 30 DOS 6/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Citalopram 40mg QTY: 30 DOS 6/24/2014 is not medically necessary. There is no clinical documentation submitted indicating that the patient has depression. As such, medical necessity has not been established.

Estazolam 2mg QTY: 30 DOS 6/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63, 66.

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for this medication cannot be recommended as medically necessary at this time.