

Case Number:	CM14-0202320		
Date Assigned:	01/23/2015	Date of Injury:	01/03/2006
Decision Date:	03/24/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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: Illinois
Certification(s)/Specialty: Psychiatry

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 49-year-old male who reported an injury on 01/03/2006. A previous request was made on 11/14/2014 for Temazepam, Fluoxetine, and Buspar. The medications were non-certified due to the guidelines not recommending long term use of benzodiazepines and insufficient information regarding medical necessity and no concurrent diagnosis of depression for use of antidepressants for chronic pain management. The injured worker had been provided with psychological evaluation and treatment, as well as medication management for persistent symptoms of depression, anxiety, and stress related medical complaints. It was reported that he had not had any significant side effects or negative interactions with the use of his medications. The treating physician indicated that the medications worked together as an interaction, and that by removing by 1 medication, it could tip the scale to cause worsened symptoms in all areas. There was no comprehensive physical examination provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg # 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Benzodiazepines are not supported for long term use under the California MTUS Guidelines. Without having a comprehensive physical examination providing a thorough overview of the injured worker's pathology and sufficient information pertaining to how his medication had reduced his symptoms and improved his overall functional ability, the request cannot be warranted and is not medically necessary.

Fluoxetine 20mg # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15.

Decision rationale: According to the California MTUS Guidelines, although abrupt discontinuation of this medication is discouraged, without having any recent comprehensive physical examination provided for review indicating that this medication has been effective in reducing the injured worker's symptoms and improving his overall functional ability, ongoing use cannot be supported and is not medically necessary.

Buspar 10mg # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/buspar.html>

Decision rationale: Without having an indication on the most recent clinical documentation that the injured worker had received significant relief of his anxiety, depression, and other related symptoms, the ongoing use of this medication cannot be supported. As such, the request is not medically necessary.