

<b>Case Number:</b>	CM13-0014152		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/21/1989
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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 patient is a 52-year-old who reportedly suffered a vocationally related injury on 10/21/89. The request is to determine the medical necessity of a retrospective review of a series of three medications: 1. Estazolam 2 mg daily between 06/19/13 and 06/29/13, 2. Bupropion, 10 mg between 06/19/13 and 06/29/13, and 3. Buspirone, 10 mg between 06/19/13 and 06/29/13. The records provided for review offer limited clinical information to determine the medical necessity of these three medications. While the medical records acknowledge that this gentleman had an injury in 1989 and has been treated for a variety of musculoskeletal and psychiatric conditions attributable to that injury, the records provide virtually no insight into the medical necessity of the three medications requested for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF ESTAZOLAM 2MG, #30 BETWEEN 6/19/2013 AND 6/29/2013:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Estazolam is a benzodiazepine. The CA MTUS Chronic Pain 2009 Guidelines do not recommend the long term use of benzodiazepines because their long term efficacy remains unproven. Based on the information provided, the MTUS Chronic Pain guidelines, and the absence of compelling clinical information that would provide reasonable medical indications the request for Estazolam as referenced above, cannot be considered reasonable and medically necessary.

**1 PRESCRIPTION OF BUPROPION 10MG, #60 BETWEEN 6/19/2013 AND 6/29/2013:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants..

**Decision rationale:** Bupropion is an antidepressant and according to the CA MTUS Chronic Pain 2009 Guideline may be used in treatment of neuropathic pain. Based on the information provided and the absence of compelling clinical information that would provide reasonable medical indications to support its use, Bupropion as referenced above, cannot be considered reasonable and medically necessary.

**1 PRESCRIPTION OF BUSPIRONE 10MG, #60 BETWEEN 6/19/2013 AND 6/29/2013:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain: anti-anxiety drugs in chronic pain.

**Decision rationale:** Buspirone is an anti-anxiety drug used in treatment of generalized anxiety disorders, social disorders, panic disorders, or post traumatic stress according to the Official Disability Guidelines as it is not addressed by the CA MTUS Chronic Pain Guidelines. Based on the information provided, the ODG Guidelines, and the absence of compelling clinical information indicating that the claimant has any of the above mentioned diagnoses that would provide reasonable medical indications for Buspirone, the request cannot be considered reasonable and medically necessary.