

Case Number:	CM13-0037523		
Date Assigned:	01/15/2014	Date of Injury:	11/10/1993
Decision Date:	05/20/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 56 year old female who was injured about 20 years ago and who has a long history of depression and anxiety. She is on 300 mg Zoloft and has been maintained on Buspar for many years. She apparently has been stable psychiatrically on the above regimen and is under the care of her PCP. The provider has requested coverage for Buspar 15 mg po BID which has been denied. This represents an independent review of the previous determination to deny coverage for 180 Buspar 15 mg at a dosage schedule of BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 15mg #180: Overturned

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 STANDARD OF PRACTICE

Decision rationale: MTUS, ACOEM and ODG are silent in regards to BuSpar. The writer was not able to find any practice guidelines or peer reviewed literature regarding appropriate length of treatment with this medication. The treating MD in a letter dated 1/27 of this year indicated clearly that the patient has been stable on this medication for a prolonged period of time and

attempts at dose reduction have resulted in breakthrough symptoms. There is no known risk from long term use of BuSpar and the patient appears to have benefitted. As such continuation of this medication is indicated clinically according to the patient's clinical history and current best practice standards. The patient appears to have a chronic psychiatric condition which has been well managed and there is evidence that it will worsen if the medication is tapered or discontinued.