

Case Number:	CM13-0052324		
Date Assigned:	06/09/2014	Date of Injury:	06/16/2003
Decision Date:	07/31/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 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:

32 year old male injured worker with date of injury 6/16/03. His diagnoses include chronic pain syndrome associated with both psychological factors and a general medical condition; major depression with psychotic features, none at this time; panic disorder without agoraphobia. Per progress note dated 9/4/13, he was anxious due to troubles getting his refill schedule in order, however, his anxiety lessened after it was sorted out. He was at that time being treated with Valium 10MG TID PRN, Abilify 10mg one and one half QHS, Buspar 5mg BID, Atarax 25mg TID, Cymbalta 30mg QD, as well as Nucynta, Soma, Daypril, and Lyrica from the pain doctor. The date of UR decision was 10/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUSPAR 5MG 2 X PER DAY FOR ONE YEAR: 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) Pain, Anxiety medications in chronic pain.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The documentation submitted for review supports the use of this medication for the injured worker's anxiety, however, the request for a year supply is excessive and is not medically necessary. Observation and monitoring of the medications is needed at short intervals to assess the response to the medication, the dose etc. The guidelines also recommend buspar being used for short term. Thus, the request is not medically necessary at this time.