

Case Number:	CM13-0052498		
Date Assigned:	12/27/2013	Date of Injury:	05/26/2010
Decision Date:	08/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 injured worker filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of May 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical applications of heat and cold; and work restrictions. In a Utilization Review Report dated October 23, 2013, the claims administrator conditionally denied a request for Buspirone or BuSpar, citing lack of supporting information. In a handwritten note dated November 1, 2013, the applicant was described as having persistent wrist pain, elbow pain, and fatigue. The applicant was asked to employ topical applications of heat and cold and continue unspecified medications. It was stated that the applicant was working with restrictions in place. In an October 22, 2013 letter, the applicant was described as carrying a Global Assessment of Functioning (GAF) 61 with resultant 14% whole-person impairment rating. No mention was made of usage of Buspirone on those progress notes. A September 25, 2013 progress note is notable for comments that the applicant was using Synthroid, Motrin, and Vicodin. The applicant was described as experiencing stress, anxiety, and depression, which she attributed to her failure to return to work. The applicant underwent carpal tunnel release surgery on May 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE BUSPIRONE HCL 10MG, #60 (DOS: 6/24/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), Buspirone Drug Guide.

Decision rationale: Bu Spar or Buspirone, per the Physicians' Desk Reference, is an atypical anxiolytic. As noted in the MTUS ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications such as Buspirone may be appropriate for brief periods of time, to allow an applicant recoup emotional resources in cases of overwhelming symptoms, in this case, however, there is no mention of the applicant's having any overwhelming symptoms which would support provision of Buspirone in the amount and quantity proposed by the attending provider. It is further noted that the 360-tablet supply of Buspirone excess according to MTUS Chronic Pain Medical Treatment Guidelines on page 402 of the which endorses brief, short-term usage of anxiolytics such as Buspirone. Therefore, the request for Buspirone #360 tablets between the dates in question was not medically necessary.