

Case Number:	CM13-0066778		
Date Assigned:	01/15/2014	Date of Injury:	07/19/2007
Decision Date:	08/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 57 year old female who was injured on 07/19/2007. Mechanism of injury is unknown. Prior treatment history has included Hyalgan injections. Medications include Flexeril, Voltaren and Prilosec. Progress note dated 08/08/2013 documented the patient continues to report no depression or anhedonia. She reports occasional anxiety, sleep disturbance, good appetite, some impairment in concentration, which she states is related to worry about her health. She denies side effects from Buspar and is hopeful about her future. Objective findings reveal the patient is stable and minimally symptomatic. Diagnosis: Insomnia and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUSPAR 10MG, THREE (3) TIMES PER DAY, #90, WITH THREE (3) REFILLS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. (2013). Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety Medications in Chronic Pain Other Medical

Treatment Guideline or Medical Evidence:

<http://www.medicinenet.com/buspirone/article.htm>www.pdr.net.

Decision rationale: This is a request for a one-year supply of Buspar (Buspirone) for a 57-year-old female diagnosed with Generalized Anxiety Disorder (GAD) and mild symptoms with minimal impairment. MTUS guidelines do not address Buspar. However, according to ODG guidelines Buspar is approved for short-term relief of anxiety symptoms. SSRI's or SNRI's are typically used first-line for GAD. It is not clear that the patient has failed these medications in the past or that benefit is derived from use of Buspar. Further, it appears the patient is also prescribed Tramadol, which carries risk of a significant interaction with Buspar. Medical necessity is not established for Buspar #90 with 3 refills.