

Case Number:	CM14-0004555		
Date Assigned:	02/05/2014	Date of Injury:	10/01/2011
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 Internal Medicine and Pulmonary Diseases, 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 is a 40 year old male with a reported date of injury on 10/01/2011. The worker was injured in a motor vehicle accident which resulted in a laceration on the head, and pain to the neck, left shoulder, left hip, and left upper thigh. A Beck Anxiety Inventory was performed on 07/10/2013 where the injured worker generated a score of 20, which is indicative of a moderate degree of anxiety and panic disorders. The progress noted dated 12/18/2013 stated the injured worker was feeling more relaxed due to the Buspar he had been taking. The progress noted stated the injured worker had a follow-up scheduled for psychotherapy. The progress note dated 12/19/2013 stated the injured worker has persistent neck and low back pain and increased numbness and tingling to lower extremities and left upper extremity. The request for authorization form was dated 12/03/2013 for Buspar 10mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUSPAR 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-anxiety Medications In Chronic Pain.

Decision rationale: The request for Buspar 10mg is non-certified. The injured worker has been on Buspar since 11/21/2013. The Official Disability Guidelines recommends diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific anxiety disorders such as generalized anxiety disorder, panic disorder, post-traumatic stress disorder, and obsessive compulsive disorder. Buspar is approved for short-term relief of anxiety symptoms and efficacy is decreased in patients with recent prior benzodiazepine use. The injured worker has been on Buspar for more than 6 months. As the guidelines do not support long-term use, continued use after more than 6 months is not warranted. Therefore the request is not medically necessary.