

Case Number:	CM14-0004994		
Date Assigned:	02/05/2014	Date of Injury:	05/30/2005
Decision Date:	06/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 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 40-year-old female who has submitted a claim for reflex sympathetic dystrophy associated from an industrial injury date of 05/30/2005. The medical records from 08/22/2013 to 01/02/2014 showed that patient complained of back pain radiating into the left leg. She is currently under a significant amount of stress and is distraught. She claims significant reduction of pain due to medications. Physical examination showed that patient is in no acute distress, pleasant, and interactive. Currently, the patient is euthymic. The rest of the physical examination is normal. The treatment to date has included Zanaflex, amitryptilline, Wellbutrin, doxepine, and Percocet. A utilization review, dated 01/02/2014, denied the request for buspirone because there was not enough clinical evidence to warrant its use.  

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF BUSPIRONE HCL 10MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANT.

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 FOR CHRONIC PAIN

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG Pain Chapter, buspirone is recommended for short-term relief of anxiety symptoms. In this case, the patient is euthymic. The medical records submitted for review did not show objective evidence of anxiety or depression. Therefore, the request for pharmacy purchase of Buspirone Hcl 10mg, #90, is not medically necessary.