

Case Number:	CM14-0101045		
Date Assigned:	07/30/2014	Date of Injury:	03/02/2006
Decision Date:	11/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 67 year old male with an injury date of 03/02/06. Based on the 06/04/14 progress report provided by [REDACTED], the patient complains of lumbar pain with a burning sensation that can be rated 8 out 10. He has right lower leg numbness. The patient has broken screw at L5-S1. His straight leg is negative in the seated position and gait is antalgic and stiffened. The patient has tenderness to palpation over the right and left thoracolumbar spasm and lumbosacral region. The patient also has thoracic hyphosis. His lower back pain has escalated since the fusion surgery in January, 2012. The patient is anxious at times. The patient's current medications are Duragesic and Nucynta, Ondansetron, Omeprazole, Buspar, Lyrica, and Limbrel for pain and anxiety. His diagnoses include following: Thoracic or lumbosacral neuritis or radiculitis, unspecified, Chronic pain due to trauma, Spasm of muscle, Postlaminectomy syndrome of lumbar region, Degeneration of lumbar or lumbrosacral intervertebral disc, Lumbo sacral spondylosis without myelopathy, Anxiety state, unspecified H/O lumbar microdisctomy, H/O lumbar fusion, Nausea and vomiting, Elevated blood pressure reading without diagnosis of hypertension, Scoliosis (and kyphoscoliosis), idiopathic. [REDACTED] is requesting Buspar 5mg #180 as a 3 month supply. The utilization review determination being challenged is dated 06/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/16/13-09/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 5mg #180 as 3 months supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anxiety medications in chronic pain

Decision rationale: This patient presents with lumbar post-laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, muscle spasm, and anxiety. The request is for 180 tablets of Buspar 5mg as a 3 month supply. The request was denied the utilization review letter from 6/17/14 citing lack of a mental status evaluation consistent with anxiety, and no documentation of efficacy or functional improvement noted from the use of Buspar. Regarding Buspar, MTUS guidelines are silent. MTUS guidelines do not discuss anti-anxiety medications. Regarding anti-anxiety medications, ODG guidelines states "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." For Buspar, ODG states, "Also approved for short-term relief of anxiety symptoms." In this case, despite review of the available reports, the provider does not specifically discuss the patient's anxiety as related to chronic pain. The patient has been prescribed Buspar since at least 2013, and there is one statement regarding efficacy on 4/25/13 stating that the patient experiences "benefit." Given inadequate documentation regarding a diagnosis of anxiety and efficacy for Buspar, therefore, this request is not medically necessary.