

Case Number:	CM14-0101942		
Date Assigned:	07/30/2014	Date of Injury:	06/18/2008
Decision Date:	11/06/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic knee pain, and anxiety disorder reportedly associated with an industrial injury of June 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; multiple knee surgeries; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 18, 2014, the claims administrator failed to approve a request for BuSpar and Xanax. The claims administrator based this denial, in large part, on earlier unfavorable Utilization Review decisions. The applicant's attorney subsequently appealed. On October 1, 2014, the applicant underwent revision of a total knee arthroplasty. In an August 4, 2014 progress note, the applicant reported persistent complaints of shoulder and knee pain, 2-4/10. The applicant was using alprazolam and BuSpar on an as-needed basis for major depressive disorder and anxiety disorder. The applicant stated that he needed these medications refilled and further stated that he would like to have an evaluation with a psychiatrist to treat his major depressive disorder. Both alprazolam and BuSpar were issued with refills. The applicant was not working with permanent limitations in place, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Buspar 10mg #60 with 2 refills: 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 rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that usage of anxiolytics such as BuSpar may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant is intent on using BuSpar for chronic, long-term, and scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for BuSpar, an anxiolytic agent. Therefore, the request is not medically necessary.

(1) Prescription of Xanax 1mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that usage of anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant is intent on using Xanax for chronic, long-term, and scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider factor into account applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider does not furnish any compelling rationale for provision of two separate anxiolytic agents, BuSpar and Xanax, on a chronic, long-term, and scheduled use basis. Therefore, the request is not medically necessary.