

<b>Case Number:</b>	CM14-0103046		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 pain syndrome, chronic low back pain, and anxiety disorder reportedly associated with an industrial injury of August 28, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; unspecified amounts of physical therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for BuSpar. The applicant's attorney subsequently appealed. In another Utilization Review Report dated September 5, 2014, it was stated that the applicant had a history of testing positive for marijuana. In an August 24, 2014 progress note, the applicant presented with persistent complaints of 6-8/10 low back and neck pain, reportedly worsened. The applicant also had radicular complaints about the bilateral upper extremities, it was noted. The applicant continued to smoke and was reportedly using Ativan for anxiety purpose. The applicant was also using OxyContin, Norco, Motrin, and Zoloft, it was further stated. The applicant was permanent and stationary and did not appear to be working with permanent limitations in place, it was stated. The applicant was asked to try and cut back on smoking. The applicant was also asked to try and cease marijuana consumption. It was stated that the applicant had tried numerous other medications over the course of the claim. It was stated in another section of the report that the applicant was using BuSpar, another anxiolytic medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 15mg 1 tablet daily for 30 days #30 no refills for lumbar/cervical pain outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines , The Pharmacological Basis of Therapeutics, 12th ed

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as BuSpar may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of any overwhelming symptoms of anxiety and/or panic attacks which would compel provision of BuSpar. Rather, it appeared that the applicant was intent on using BuSpar for chronic, long-term, and scheduled use purposes, for anxiolytic and/or sedative effect. This is not an ACOEM-endorsed role for BuSpar, an anxiolytic medication, however. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider factor into account applicant-specific variables into his choice of pharmacotherapy, including "other medications." In this case, it was not clearly stated why the applicant needs to use two separate anxiolytic medications, namely Ativan and BuSpar. Therefore, the request is not medically necessary.