

Case Number:	CM14-0158217		
Date Assigned:	10/01/2014	Date of Injury:	02/07/2007
Decision Date:	12/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 61 year old female with the injury date of 02/07/2007. The patient presents with pain in her shoulder bilaterally, left side worse than right. The patient also report having pain in her lower back. The patient describes her pain as moderate and constant. The patient rates her pain as 7/10 on the pain scale. The treater provided 2 progress reports from 04/29/2014 and 08/01/2014, which do not contain a lot of information regarding patient's condition except hand-written diagnoses and marked pain rate. Diagnoses provided by utilization review letter on 08/28/2014) 1) Carpal tunnel syndrome 2) Chondromalacia of patella 3) Rotator cuff syndrome shoulder & allied disorders 4) Lumbar sprain and strain. The utilization review determination being challenged is dated on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for bilateral shoulders, QTY: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents pain in shoulder and lower back. The request is for 6 sessions of acupuncture for shoulders. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for an initial trial and up to 1-3 times a week and 1-2 months with functional improvement. There is no indication provided if the patient has had acupuncture in the past. A short course of therapy may be reasonable to address the patient's persistent symptoms. The request is medically necessary.

Buspar 10mg, QTY: 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anxiety medications for chronic pain section Other Medical Treatment Guideline or Medical Evidence: Drugs.com <http://www.drugs.com/pro/buspar.html>

Decision rationale: The patient presents pain in her shoulder and lower back. The request is for BuSpar 10mg #60. There is no documentation of the patient's medication. MTUS guidelines do not mention BusPar. ODG guidelines do not mention Buspar either. According to <http://www.drugs.com/pro/buspar.html>, BuSpar is indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. The efficacy of BuSpar has been demonstrated in controlled clinical trials of outpatients whose diagnosis roughly corresponds to Generalized Anxiety Disorder (GAD). ODG guidelines under PAIN chapter, Anxiety medications for chronic pain section states: "(c) 5-HT1A Agonist: Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. (Chessick, 2006) Dosing information: 5-15 mg three times daily." In this case, the 08/01/2014 report mentions the patient experiences a lot of stress, depression and anxiety. The patient has not been on this medication. However, the treater does not indicate this medication is to be used for a short-term. Short-term is typically 2-3 weeks or less and the current prescription is for #60, indicating a long-term use. The request is not medically necessary.