

<b>Case Number:</b>	CM14-0031524		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Texas. 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 injured worker is a 51 year old female who sustained an injury on 08/01/12 due to emotional abuse by the business owner. The injured worker was reported to have minimal psychological complaints as of the independent medical evaluation on 11/14/13. The injured worker did have a noted Global Assessment Functioning (GAF) score of 67. The injured worker did report ongoing intermittent depression and anxiety symptoms. The injured worker is noted to have had previous individual counseling sessions in 2013; however, this was not continued beyond March. Prior medication usage did include Bupropion as well as Buspirone 10mg twice daily. The injured worker was also utilizing topical medications. The requested Alprazolam .5mg, quantity 60 for a 30 day supply and Buspirone 10mg, quantity 60 for a 20 day supply were both non-certified by utilization review on 02/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam tab 0.5mg #60 (30 day 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** In regards to the request for Alprazolam .5mg, quantity 60 with a 30 day supply, there is limited clinical information available for review to support the use of this medication. The last extensive evaluation of the injured worker was from November of 2013 which did not discuss ongoing medications. It is unclear what conditions currently exist to support the use of this medication. No updated evaluations or rationale from treating physician were available for review to support the use of a Benzodiazepine. Given that this medication is not recommended for long term use due to significant issues with addiction and abuse, the request is not medically necessary.

**Buspirone tab 10mg #60 (20day 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 (ODG).

**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, Anti-anxiety medications for pain.

**Decision rationale:** In regards to the request for Buspirone 10mg, quantity 60 for a 20 day supply, this medication would not have been supported as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation did not describe any specific efficacy obtained with the use of this anti-anxiety agent. Although Buspirone is utilized in the management of anxiety disorders including the short term relief of anxiety, no updated clinical evaluations from treating physician after November of 2013 were available for review to substantiate the continued use of this medication. Given the paucity of clinical information regarding this injured worker's medication use, the request is not medically necessary.