

Case Number:	CM14-0048697		
Date Assigned:	06/25/2014	Date of Injury:	03/30/2008
Decision Date:	08/07/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Psychiatry 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 injured worker is a 45 year old female with date of injury 3/30/2008. Date of the UR decision was 3/20/2014. Progress report dated 12/12/2013 suggested that she was diagnosed with complex migraines due to symptoms of expressive aphasia, visual changes in her right eye because of which she went to the ED and was worked up for differential diagnosis of stroke as well. The progress report suggested that had active suicidal ideations at that time as the holiday season was especially hard for her. She was continued on Buspar 5 mg daily. Progress report dated 1/16/2014 stated that she had been seeing her Psychologist twice weekly. Mood was reported to have improved overall and she no longer had feelings of hopelessness or helplessness. Psychiatric review of systems was positive for anxiety and depression. Psychotropic medications prescribed at that visit were Buspar 5 mg daily and Trazodone 50-100 mg nightly for sleep. Report dated 3/4/2014 listed psychiatric review of systems as positive for anxiety but negative for depression, hallucinations or suicidal thoughts. Report from 4/2/2014 suggested that she was prescribed Buspar, Venlafaxine, Trazodone for psychiatric symptoms. Valium, Topamax were prescribed for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUSPAR 5MG, QTY 30, REFILL 5: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: The injured worker suffers from complex migraines, depression and anxiety symptoms. Per ODG guidelines with regard to anxiety medications in chronic pain: "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." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The documentation submitted for review supports the use of this medication for the injured worker's anxiety, however, the request for 6 month supply is excessive and is not medically necessary. Observation and monitoring of the medications is needed at short intervals to assess the response to the medication, the dose etc. The guidelines also recommend buspar being used for short term. Thus, the request is not medically necessary at this time.