

Case Number:	CM14-0191790		
Date Assigned:	11/25/2014	Date of Injury:	07/26/2007
Decision Date:	01/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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:

Pursuant to the progress note dated October 28, 2014, the IW complains of right wrist pain rated 10/10. The pain is described as constant, burning, and shooting. The pain is worse with right upper extremity use. The IW is wearing a right wrist brace. On examination, there was numbness, joint pain, depression, anxiety, and insomnia. Medications help decrease the pain and allow for activities of daily living. The IW reports no side effects. Right wrist pain has worsened with reduction in Butrans patches from 15mcg to 10mcg. Increased pain has caused pain related anxiety and decreased activity tolerance. The IW has been diagnosed with chronic pain syndrome; osteoarthritis, forearm; and enthesopathy, wrist/carpus. Current medications include Percocet 10/325mg, Lyrica 75mg, and Butrans patch 10mcg. The provider is recommending authorization for increase of Butrans patch 15mcg, 1 per 7 days #4, trial of Buspar 7.5mg for pain related anxiety, and request refills for Lyrica 75mg, and Percocet 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 7.5mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a688005.html>

Decision rationale: Pursuant to MedlinePlus, Buspar 7.5 mg #40 is not medically necessary. Buspar is used to treat anxiety disorders or in the short-term treatment of symptoms of anxiety. For additional details see attached link. In this case, the injured worker is 65 years old with a date of injury July 26, 2007. The primary complaints are ongoing right upper extremity pain and right wrist. The injured worker status post right wrist surgery. Medications include Percocet, Lyrica, and Butrans patch. Valium 10 mg was prescribed to control anxiety, however, there was no mention in the most recent progress note. In the most recent note, the Buspar was increased based on anxiety related increased pain (page 25 of the record). Concurrently, the injured workers Butrans was also increased from 10mcg to 15mcg. The injured worker is taking Percocet and Butrans in addition to Buspar. The appropriate medical management plan would be to increase the Butrans, assess the clinical response and then adjust the Buspar dose to address the anxiety related increase in pain at a future date. Consequently, Buspar 7.5 mg #40 is not medically necessary.