

Case Number:	CM14-0209498		
Date Assigned:	12/22/2014	Date of Injury:	01/04/2007
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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:

The injured worker (IW) is a 59-year-old man with a date of injury of October 4, 2007. The mechanism of injury occurred as a result of heavy lifting, and grading gravel in trenches. The IW initially complained of groin pain, and was referred to a specialist for hernias. On April 2, 2007, the IW underwent bilateral hernia surgery. The IW reports ongoing stress and physical injuries. He developed symptoms of anxiety, depression and felt discriminated against. Pursuant to the Treating Psychologist's Initial Report dated November 18, 2014, the treating psychologist reports that as a result of the events that occurred at work, the IW developed symptoms of mental disorder including depression, anxiety, irritability, and insomnia. The IW did not have a prior history of mental illness or hospitalizations. Objectively, the IW demonstrated diminished cognitive functioning in the clinical interview situation. He had defects in concentration, attention, and short-term memory. He had difficulty communicating his thoughts. Psychological test results were highly abnormal. The provider reports the IW is in the severe range of subjective depression. The IW was diagnosed with major depressive disorder, single episode; generalized anxiety disorder; and psychological factors affecting medical condition. The treating psychologist is recommending cognitive behavioral therapy (CBT) x 6 sessions, biofeedback X 6 sessions to be provided concurrently. He is also recommending Bupropion 100mg, Buspar 10mg, Ambien 10mg, and Alprazolam 0.5mg to be taken concurrently. The current request is for Buspar 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Updated 11/12/2014, Anxiety Medications in Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Anti-Anxiety Medications

Decision rationale: Pursuant to the Official Disability Guidelines, Buspar 10 mg #60 is not medically necessary. Buspar is approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepines. In this case, the injured worker's working psychological diagnoses are major depressive disorder, single episode unspecified; generalized anxiety disorder; and psychological factors affecting medical condition (stress intensified headache, neck, shoulder, back, muscle tension pain, shortness of breath, chest pain, peptic acid reaction, constipation and possible stress aggravated asthma and high blood pressure. The treating physician recommended six cognitive behavioral psychotherapy sessions (CBT) and six biofeedback sessions to be provided concurrently. Additionally, the treating physician wrote for 4 prescriptions. He wrote for Buspar, Wellbutrin, Alprazolam and Ambien. There is no clinical indication for short acting anxiolytic Buspar when the injured worker will be presenting for Cognitive Behavioural Therapy (CBT) and biofeedback. The documentation is unclear as to why the treating physician wrote for Buspar 10 mg, Wellbutrin 100mg, Ambien 10mg and Alprazolam 0.5mg. All were to be taken concurrently. Consequently, absent clinical documentation to support Buspar with CBT and biofeedback, a clinical indication and a clinical rationale for its use, Buspar 10 mg #60 is not medically necessary.