

Case Number:	CM15-0004155		
Date Assigned:	01/15/2015	Date of Injury:	08/09/2008
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 8/9/2008. The diagnoses have included depressive disorder. Treatment to date has included medications and group therapy. Currently, the injured worker complains of depression, anxiety and stress-medical issues. He also reported numbness and tingling radiating into the legs and right shoulder. The treating provider cited that the medications all interact to improve anxiety, depression, confusion, panic, emotional control. The provider sited that removing one medication, could tip the scale to cause worsened symptoms in all areas. Specifically, the Buspar lessened the anxiety and shaking. On 12/9/2014 Utilization Review non-certified Buspar 10mg #60 with 2 refills modified with no refill, noting the ODG Pain chapter, anxiety medications. On 01/08/2015, the injured worker submitted an application for IMR for review of Buspar 10mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10 mg, sixty count with one refills: 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), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, anti-anxiety drugs

Decision rationale: Pursuant to the Official Disability Guidelines and MedlinePlus, Buspar 10 mg #60 with one refill is not medically necessary. Buspar is used to treat anxiety disorders or in the short-term treatment of symptoms of anxiety. See the guidelines for additional details. Efficacy is decreased in patients with recent prior benzodiazepine use. In this case, the injured worker's working diagnoses are Depressive disorder, NOS with anxiety; and psychological factors affecting medical condition (stress-intensified headache, neck/shoulder/back muscle tension/pain, SOB, palpitations, abdominal pain/cramping and possible stress-aggravated high BP and reactive seizure disorder). Subjectively, the injured worker complained of depression, anxiety, insomnia, panic and stress intensified headaches other complaints included neck, shoulder, back tension and palpitations. The documentation shows the injured was taking BuSpar as far back as September 24, 2014. According to the progress note dated November 12, 2014, the injured worker continues to complain of depression, anxiety, insomnia, panic and stress intensified headaches worker. Buspar is used to treat anxiety disorders in the short-term for treatment of symptoms of anxiety. Consequently, absent clinical documentation to support the ongoing use of BuSpar when the guidelines recommend Buspar for short-term use, Buspar 10 mg #60 with one refill is not medically necessary.