

Case Number:	CM15-0103159		
Date Assigned:	06/05/2015	Date of Injury:	08/24/2012
Decision Date:	07/08/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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
Certification(s)/Specialty: Emergency 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 39 year old male, who sustained an industrial injury on 8/24/12. He reported hypertension and traumatic experiences while working in a prison. The injured worker was diagnosed as having anxiety disorder and posttraumatic stress disorder. Treatment to date has included oral medications and psychological counseling. Currently, the injured worker complains of insomnia, anxiety attack and stopped Viibryd due to drowsiness and sexual problems. He is temporarily totally disabled. Objective findings included thought processes are logical and goal directed, mood somewhat dysphoric and fair insight. The treatment plan included discontinuation of Viibryd and beginning of Buspirone. A request for authorization was submitted for Buspirone 5mg #160.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 5mg (titrate to 45mg) #1620: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com.

Decision rationale: The requested Buspirone 5mg (titrate to 45mg) #1620 is not medically necessary. CA MTUS (2009) ACOEM and ODG are silent on this issue. FDA Guidelines and www.rxlist.com lists Buspirone as an anxiolytic psychotropic drug of the azapirone chemical class. (3) It is primarily used to treat generalized anxiety disorder (GAD). Unlike most drugs predominantly used to treat anxiety, buspirone's pharmacology is not related to benzodiazepines or barbiturates, so does not carry the risk of physical dependence and withdrawal symptoms for which those drug classes are known. The injured worker has insomnia, anxiety attack and stopped Viibryd due to drowsiness and sexual problems. He is temporarily totally disabled. Objective findings included thought processes are logical and goal directed, mood somewhat dysphoric and fair insight. The treating physician has not documented objective evidence of derived functional improvement. The criteria noted above not having been met, Buspirone 5mg (titrate to 45mg) #1620 is not medically necessary.