

<b>Case Number:</b>	CM15-0107312		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Arizona,  
 Maryland Certification(s)/Specialty: Psychiatry

### 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 48 year old male who sustained an industrial injury on 06/13/2008. The injured worker has experienced ongoing physical symptoms in the low back and lower extremities. Treatment provided to date has included: multiple surgeries, medications, and conservative therapies/care. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 03/17/2015, psychiatric progress report noted that the injured worker was upset with not getting his medications (although the psychiatrist reported that all reports had been sent). The injured worker was noted to be alert and oriented to person, place and time; clean, neat, dressed appropriately for the visit; ambulates with an unsteady gait; is cooperative making adequate eye contact; stable affect; no auditory or visual hallucination reported; has a linear thought process; and denies thoughts of suicide or thoughts of wanting to harm himself or others. The provider noted diagnoses of major depressive disorder, post-traumatic stress disorder, anxiety and insomnia. A physician note dated 04/23/2015, reports that the injured worker remains very anxious and depressed with periods irritability and agitation. The psychiatrist noted he was worried about the injured worker's future, as he has no motivation or desire to do much. The psychiatrist recommended that the injured worker stay on his medications and continue with ongoing psychiatric care and treatment. Current medications include Seroquel XR 150mg at bedtime, Buspar 15mg 3 times daily, Zoloft 50mg once daily and prazosin 2mg at bedtime. Plan of care includes continued medications and continued psychiatric care and treatment. The injured worker's work status was noted as totally disabled. Requested treatments include Buspar.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupar tab 15 mg Qty 90 (30 day supply):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [[www.drugs.com/buspar.html](http://www.drugs.com/buspar.html)].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain: Anxiety medications in chronic pain.

**Decision rationale:** 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. Per progress report dated 3/17/2015, the injured worker has been diagnosed with major depressive disorder, post-traumatic stress disorder, anxiety and insomnia. Per report dated 04/23/2015, he was noted to remain very anxious and depressed with periods irritability and agitation. Continued use of Buspar is clinically indicated for the treatment of the anxiety symptoms. Thus, the request for Buspar tab 15 mg Qty 90 (30-day supply) is medically necessary.