

<b>Case Number:</b>	CM15-0148545		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/04/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 12-4-07. The injured worker was diagnosed as having myofascial pain in the cervical and lumbar spine, lumbar spine sprain or strain with evidence of lumbar facet arthropathy at L4-5 and L5-S1, status post bilateral L4-5 and L5-S1, multilevel disc desiccation with multilevel disc bulges at L2-3 and L5-S1, chronic cervical spine sprain or strain, cervicogenic headaches, right shoulder sprain or strain, and right knee contusion with patella femoral syndrome. Treatment to date has included treatment with a psychiatrist, physical therapy, acupuncture, and medication. The injured worker had been taking Buspirone since at least 1-28-15. On 6-22-15 physical examination findings included an appropriate affect or mood. On 6-15-15, the treating physician noted medication has been helpful in controlling her depression. Currently, the injured worker complains of cervical spine pain that radiates to the right upper extremity and low back pain that radiates to the left lower extremity. The treating physician requested authorization for Buspirone 100mg #60 and Buspirone 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspirone 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buspirone, Benzodiazepines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications in Chronic Pain, Buspar, page 660-666.

**Decision rationale:** Buspirone HCl is indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. The efficacy of buspirone HCl has been demonstrated in controlled clinical trials of outpatients whose diagnosis roughly corresponds to Generalized Anxiety Disorder (GAD). The effectiveness of BuSpar in long-term use, that is, for more than 3 to 4 weeks, has not been demonstrated in controlled trials. There is no body of evidence available that systematically addresses the appropriate duration of treatment for GAD. Therefore, the physician who elects to use BuSpar for extended periods should periodically reassess the usefulness of the drug for the individual patient. Submitted reports have not demonstrated functional benefit from treatment rendered for controlling her depression, only noting it has been helpful for this chronic musculoskeletal injury of 2007. There is no medical report identifying symptomatic behaviors, clinical findings, or working diagnosis for depression to support for its continued use, indicated for anxiety disorder. The Buspirone 100mg #60 is not medically necessary and appropriate.

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