

<b>Case Number:</b>	CM15-0161536		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and anxiety reportedly associated with an industrial injury of August 14, 2003. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for BuSpar. The claims administrator referenced a July 15, 2015 RFA form and associated July 1, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 18, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. The applicant also reported ancillary issues with anxiety and depression. The applicant was given refills of Dilaudid, Ativan, Desyrel, Pristiq, and Abilify, it was reported. On June 3, 2015, the applicant was given refills of Desyrel, BuSpar, Ativan, Dilaudid, Abilify, Pristiq, and Zanaflex. The applicant was using Social Security Disability Insurance (SSDI) benefits in addition to worker's compensation indemnity benefits. Multifocal complaints, including chronic low back pain, depression, and anxiety were reported. On July 1, 2015, Dilaudid, BuSpar, Ativan, Desyrel, Zanaflex, Pristiq, and Abilify were all renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 15mg #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 (ODG), Pain (Chronic) - Anxiety medications in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for BuSpar, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as BuSpar may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the request in question was framed as a renewal or extension request for the same. The attending provider suggested on July 1, 2015, the applicant was using BuSpar on twice-daily basis for anxiolytic effect. Such usage, moreover, was incompatible with the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's July 1, 2015 progress note did not establish a clear or compelling role for concomitant usage of multiple anxiolytic medications, including BuSpar and Ativan. Therefore, the request was not medically necessary.