

Case Number:	CM15-0166838		
Date Assigned:	09/04/2015	Date of Injury:	09/27/2013
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 50 year old male who reported an industrial injury on 9-27-2013. His diagnoses, and or impression, were noted to include chronic pain syndrome; post-traumatic stress disorder; and major depressive disorder with elements of anxiety. Additional diagnosis were noted to include: post-traumatic headaches with bilateral occipital neuralgia; cervical myofascial pain; lumbar myofascial pain, spondylosis and lumbosacral radiculopathy; status-post open reduction internal fixation of the right olecranon fracture and right elbow deep hardware removal; right epicondylitis and wrist tendinopathy; right shoulder adhesive capsulitis; right ankle sprain versus internal derangement; and reactive depression and anxiety. No imaging studies were noted. His treatments were noted to include diagnostic x-rays of the right ankle on 4-30-2015; psychiatric following and treatment; an agreed medical evaluation; medication management. The progress notes of 8-6-2015 reported a psycho-pharmacological evaluation with notation of an improved mood, no change in his pain level, and of increased anxiety. Objective findings were noted to include: the administration of the Beck Depression Inventory with admission to suicidal ideations and thoughts of harming himself, without a plan or intent; that he had lost confidence in himself, had no guilty or punishing feelings; that he was severely agitated and had lost complete interest in sex; was a lot less than usual; and that his score was higher than the previous month and consistent with severe depression. The physician's requests for treatments were noted to include the initiating non-addictive Buspar for anxiety, to supplement Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 5mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web) 2015 Pain (updated 07/15/2015).

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.

Decision rationale: CA MTUS is silent on the use of BuSpar. ODG states that management of anxiety is an important component of the overall management of chronic pain. BuSpar is a 5-HT1A agonist and is a component of management of anxiety disorders. In this case, the claimant is treated with an SNRI (Cymbalta) and has persistent anxiety symptoms. Use of BuSpar is medically appropriate and necessary.