

Case Number:	CM15-0181995		
Date Assigned:	09/23/2015	Date of Injury:	09/15/2007
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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, Hawaii

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 59 year old female, who sustained an industrial injury on 9-15-07. The injured worker is being treated for lumbar spondylosis, post laminectomy syndrome of lumbar region and long-term use of medications. A urine drug screen performed on 7-9-15 was noted to be appropriate. Treatment to date has included median branch blocks, oral medications including Buspirone 15mg (helps with depression related to her injury), Norco 10-325mg, Topamax 25mg and Naproxen 500mg; topical Lidoderm 5% patch; lumbar laminectomy, radiofrequency ablation, functional restoration program and activity modifications. On 9-1-15, the injured worker complains of low back pain rated 5 out of 10 associated with numbness, pins, needles and radicular pain down the posterior aspect of the right leg to the calf. She notes the pain is better with medications, rest, and worse with prolonged physical activity. She also notes she has used Buspirone for years and has had significant mood improvement since using, prior to that she would focus on the pain and was unable to cope. Work status is unclear. Physical exam dated 9-1-15 revealed bruising surrounding the injection sites and tenderness to palpation to paraspinal and gluteal area with light touch. The treatment plan included refilling Norco 10-325mg #40, Lidoderm #90, Topamax 25mg #60, Naproxyn 500mg #60 and Buspirone 15mg #90. On 9-9-15 a request for Buspirone 15mg was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 15mg twice a day #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Pain Chronic Chapter, Anxiety medications.

Decision rationale: The patient presents with leg and low back pain. The current request is for Buspirone 15mg twice a day #90. The treating physician's report dated 08/31/2015 (27B) states, "Is now low on refill for buspirone 15mg tab BID. Last written here in April for a 3 month supply. Helps with depression related directly to her injury. She has not been without an antidepressant for some time. Cannot recall how it has been without, as she has used for years. She knows that she had significant mood improvement since using. She notes times when she was focused on the pain and unable to cope." ODG Guidelines, Pain Chronic chapter, Anxiety medications in chronic pain discusses Buspirone and states, "c. 5-HT1A Agonist: Buspirone, Buspar, generic available: also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. (Chessick, 2006) Dosing information: 5-15 mg three times daily." Buspirone is an anti-anxiety medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the physician has noted medication efficacy and the continued use is warranted. The current request is medically necessary.