MAXIMUS Federal Services

Case Number:	CM15-0198288		
Date Assigned:	10/13/2015	Date of Injury:	05/02/2012
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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 58 year old female, who sustained an industrial-work injury on 5-2-12. She reported initial complaints of anxiety with panic attacks and depression. The injured worker was diagnosed as having panic disorder with panic attacks and dysthymic disorder. Treatment to date has included medication and psychiatric care. Currently, the injured worker complains of depression and anxiety with daytime sedation and dizziness using Trazodone instead of the Ambien. Klonopin was being weaned. Current medications were Sertraline, Trazodone, and Buspar to replace Klonopin. Per the primary physician's progress report (PR-2) on 9-14-15, psychological testing was given with scoring to assess mental status. The Beck Anxiety Inventory reported her feeling moderately hot, severe dizziness, numbness and tingling, mild nervousness, unable to relax, severe difficulty breathing and heart pounding with score of 29 out of 11 points lower than her score in August and consistent with moderate to severe anxiety. Current plan of care includes medication adjustment and refill. The Request for Authorization requested service to include Buspirone 10mg #60 with six refills. The Utilization Review on 9-22-15 modified the request for Buspirone 10mg #60 with no refills, per BUSPAR (Buspirone hydrochloride) tablet ([redacted])
http://dailymed.nlm.nih.gov/dailymed/lookup.cfm$setid=540aa35d-1e2e-4b84-4e96-c6109e373c34.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 10mg #60 with six refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BUSPAR (Buspirone hydrochloride) tablet (**[redacted]**) http://dailymed.nlm.nih.gov/dailymed/lookup.cfm$setid=540aa35d-1e2e-4b84-4e96-c6109e373c34.

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

Decision rationale: The patient presents with complaints of anxiety with panic attacks and depression. The current request is for Buspirone 10mg #60 with six refills. The treating physician states, in a report dated 09/14/15, "Start Buspirone 10mg one BID for anxiety." (23B) The MTUS guidelines are silent on Buspirone. ODG guidelines state, "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. In this case, the treating physician states "I feel that she has been dependent on benzodiazepines and will benefit from this change." Guidelines specifically recommend this as a short-term medication, and there is no justification offered for six refills. A UR decision letter dated 09/22/15 non- certified the six refills. The current request is not medically necessary.