

<b>Case Number:</b>	CM15-0209368		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/01/1994
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: New Jersey

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:

The injured worker is a 69 year old female, who sustained an industrial injury on 03-01-1994. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post revision of lumbar surgery on 07-02-2015, neck pain with degenerative disc and joint disease, bilateral arthroscopic shoulder surgeries, history of right upper extremity radial tunnel decompression and lateral epicondylar common extensor tendon release, bilateral carpal tunnel syndrome, and cumulative trauma disorder of the bilateral upper extremities. Treatment and diagnostics to date has included MRI of the lumbar spine and use of medications. Recent medications have included Percocet, Neurontin, Miralax, Famotidine, Nexium, Nitrostat, Promethazine, and Toviaz. Subjective data (08-20-2015 and 09-17-2015), included pain level of 5 out of 10 with use of medications and 8 out of 10 without medications. Objective findings (09-17-2015) included use of a wheelchair, "spasm attack" on the right lower extremity when standing, and noted that the injured worker is steady on her feet when she does not have the spasm. The Utilization Review with a decision date of 10-08-2015 non-certified the request for Buspirone 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspirone HCL 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anxiety medications in chronic pain.

**Decision rationale:** Buspirone is not discussed in the MTUS Guidelines. Buspirone is a non-benzodiazepine anxiolytic used as a secondary agent to treat chronic anxiety. First line therapy for anxiety are SSRIs, but buspirone may be considered in some individuals for short term use who cannot tolerate SSRIs or as an adjunct with an SSRI, if SSRI is not sufficiently effective by itself. Buspirone is not likely to be helpful in those who have used benzodiazepines chronically. In the case of this worker, who was diagnosed with anxiety, there was record of being prescribed BuSpar and propranolol, which both were used "supportively." However, there was no mention in the recent progress notes to show clear and specific functional gains and improvement with anxiety with the use of BuSpar. Therefore, the request for buspirone 10 mg cannot be justified and will be considered medically unnecessary without more evidence of benefit with its regular use.