

Case Number:	CM15-0212059		
Date Assigned:	10/30/2015	Date of Injury:	11/07/2007
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/28/2015

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

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 injured worker is a 42 year old female, who sustained an industrial injury on 11-07-2007. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, lumbosacral neuritis, lumbar degenerative disc disease, pain disorder with associated general medical condition and psychological factors, major depressive disorder, recurrent and severe, sleep disorder, . Treatment has included Cyclobenzaprine, Cymbalta, Diazepam, Gralise, Naproxen, Robaxin, Trazodone, Buspirone (since at least 2014), physical therapy, epidural injections and psychotherapy. Subjective complaints (06-23-2015) included continued severe pain despite the use of pain medication with difficulty sleeping which left her queasy and unable to function and memory loss. The worker was noted to have some family support. Objective findings showed sad and depressed mood. Memory, concentration, language, orientation and fund of knowledge were documented as within normal limits and gait and muscle strength were documented as normal. The plan of care included continued medication management and psychotherapy. Subjective complaints (09-24-2015) included severe memory issues with impaired concentration. The physician noted that the injured worker lived alone. Objective findings (09-24-2015) included sad, depressed and anxious mood, sad and depressed affect and continued neuropathic pain. Memory, concentration, language, orientation and fund of knowledge were documented as within normal limits and gait and muscle strength were documented as normal. The physician noted that authorization for Buspirone and 35 hours per week of in-home housekeeping was being requested due to the extreme nature of the worker's pain and current dependency on her family for care, however there was no detailed

documentation in the most recent progress notes regarding the specific functional impairments that were noted and the severity of those impairments. There was no documentation that showed that Buspirone was providing significant relief of anxiety or any objective functional improvement and the worker was noted to be actively taking a benzodiazepine medication (Diazepam). A utilization review dated 10-02-2015 non-certified requests for Buspirone 15 mg #30 and thirty-five (35) hours of home housekeeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Anxiety Medications in Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation <http://www.drugs.com/buspirone.html>.

Decision rationale: Per manufacturer's information, BuSpar (buspirone) is an anti-anxiety medicine that is used to treat symptoms of anxiety, such as fear, tension, irritability, dizziness, pounding heartbeat, and other physical symptoms. Per MTUS Guidelines, medications generally have a limited role in the treatment of stress related conditions. Limit use of anti-anxiety agents to short periods of time, i.e., periods when overwhelming anxiety limits the patient's ability to work or effectively perform the activities of daily living. In this case, the injured worker has been prescribed this medication since 2014 which is not supported by the guidelines. Additionally, she is also being prescribed Diazepam. The request for Buspirone 15mg #30 is determined to not be medically necessary.

Thirty-five (35) hours of home housekeeping: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare benefits Manual, Chapter 7 - Home Health Services; Section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. This request is for homemaker services and not for medical treatment. The request for thirty-five (35) hours of home housekeeping is determined to not be medically necessary.

