MAXIMUS Federal Services

Case Number:	CM15-0221322		
Date Assigned:	11/17/2015	Date of Injury:	07/27/2011
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/11/2015

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: 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 52 year old male, who sustained an industrial injury on 7-27-2011. The medical records indicate that the injured worker is undergoing treatment for major depressive disorder, single episode, general anxiety disorder, and psychological factors affecting medical condition. According to the progress report dated 10-9-2015, the injured worker presented with complaints of persistent symptoms of depression, anxiety, and stress-related medical complaints arising from an industrial stress injury to the psyche. The mental status examination is not indicated. The current medications are Wellbutrin, Buspar (since at least 7-13-2015), and Seroquel. Treatments to date include medication management and psychological evaluation. The original utilization review (10-29-2015) had non-certified a request for Buspar 10mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10 mg, 1 BID QTY of 60 refill 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: The patient presents on 10/13/15 with neck pain, which radiates into the right upper extremity, and headaches and right-sided orbit pain. The patient's date of injury is 07/27/11. The request is for Buspar 10mg, 1 bid qty of 60 refill 2. The RFA was not provided. Physical examination dated 10/13/15 reveals continuous constant tightness in the cervical paraspinal musculature on palpation, with evidence of weakness in the right biceps and wrist flexor muscles. The patient is currently prescribed Percocet, Gabapentin, and Buspar. Patient is currently not working. ODG Guidelines, Pain (Chronic) Chapter, under Anxiety medications in chronic pain Section states, "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for longer than two weeks...Long-term use is often associated with withdrawal symptoms. Some other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs. (Specific Treatment: FDA-approved indications are listed next to each specific drug. A note is made if a medication is used off-label.) (Hoffman, 2008)... (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." Food and Drug Administration Guidelines regarding Buspar have the following regarding long-term use of this medication: "The effectiveness of BuSpar in long-term use, that is, for more than 3 to 4 weeks, has not been demonstrated in controlled trials. There is no body of evidence available that systematically addresses the appropriate duration of treatment for GAD. However, in a study of long-term use, 264 patients were treated with BuSpar for 1 year without ill effect. Therefore, the physician who elects to use BuSpar for extended periods should periodically reassess the usefulness of the drug for the individual patient." In this case, the patient is prescribed Buspar for chronic anxiety and has been receiving this medication since at least 07/13/15. Addressing the efficacy of this medication, an illegibly dated psychiatric progress note states that this patient's anxiety symptoms are well controlled through the use of Buspar and that the medication has provided this patient with benefits without evidence of innocuous side effects. While MTUS and ODG are silent on the issue, FDA guidelines on this medication indicate that Buspar may potentially be used long-term without ill effect, so long as its utility is periodically reassessed. Given the established efficacy of this medication, continuation is substantiated. The request IS medically necessary.