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| Case Number: | CM15-0055790 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 03/27/2003 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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: Texas, New York, 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 applicant is a represented 70-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of March 27, 2013. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for BuSpar. A February 19, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On November 28, 2014, the applicant reported ongoing complaints of low back pain, 6/10, with radiation of pain to the lower extremities. The applicant was placed off of work, on total temporary disability. Medication selection and medication efficacy were not detailed on this occasion. On March 10, 2015, Pamelor for headaches and electrodiagnostic testing of the bilateral upper extremities were proposed via a handwritten Doctor's First Report (DFR) of that date. There was no mention made of BuSpar. On October 28, 2014, the applicant was given refills of Cymbalta, Fioricet, Percocet, and Prilosec. Epidural steroid injection therapy was proposed. BuSpar was endorsed. It was not explicitly stated for what purpose BuSpar was proposed. Ongoing complaints of low back pain radiating to the legs were reported. The applicant was off of work and had been deemed "disabled", the treating provider noted. The attending provider seemingly suggested that he intended the applicant to employ BuSpar at a rate of thrice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

BuSpar 10mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: No, the request for BuSpar, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as BuSpar may be appropriate for "brief periods", in cases of overwhelming symptoms, in this case, however, the attending provider seemingly suggested on October 28, 2014 that he intended for the applicant to employ BuSpar for chronic, long-term, and/or thrice-daily use purposes. Such usage, however, was at odds with the short-term role for which muscle relaxants are espoused, per page 402 of the ACOEM Practice Guidelines. Similarly, the MTUS Guideline in ACOEM Chapter 3, page 47 also stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the attending provider did not explicitly state for what purpose and/or what diagnosis BuSpar was employed. Therefore, the request was not medically necessary.