

<b>Case Number:</b>	CM15-0056576		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56 year old male, who sustained an industrial injury on January 5, 2013. He reported injuring his back when he unhooked a truck container from the trailer hitch. The injured worker was diagnosed as having major depressive disorder, single episode, unspecified, and psychological factors affecting medical condition (stress intensified neck/shoulder/back muscle tension/pain and palpitations). Treatment to date has included lumbar support, x-rays, acupuncture, chiropractic treatments, physiotherapy, and medication. Currently, the injured worker complains of depression, anxiety, irritability, and insomnia. The Primary Treating Psychologist's Initial report dated January 28, 2015, noted the injured worker initially presented as defensive and guarded due to the natural personality temperament and due to his depression, anxiety, agitation, fatigue, and irritability caused by his physical pain and disability. The Psychologist noted that the injured worker's psychological testing was overall highly abnormal, confirming abnormal depression, anxiety, somatization, dependency/failed repression, alienation/impaired impulse control, and mental confusion/dysfunction. A request for authorization was made for cognitive behavior psychotherapy, biofeedback sessions, and medication management sessions with request for authorization for medications including Alprazolam, Buspar, Ambien, and Sertraline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 1 mg:** 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 Chapter, Anxiety Medications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Buspirone: Drug information. Topic 9172, version 135.0. UpToDate, accessed 05/07/2015.

**Decision rationale:** Buspar (buspirone) is a medication in the general anti-anxiety class. It is FDA-approved for the treatment of generalized anxiety disorder. There is also literature to support its use in treating depression when it is used along with an antidepressant. The submitted and reviewed documentation indicated the worker was experiencing depressed and anxious mood and problems sleeping. There was no documented diagnosis made. There was no discussion describing why this medication was chosen or how it was expected to improve the worker's function. Further, the request was for an indefinite supply, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Buspar (buspirone) 1mg is not medically necessary.