

<b>Case Number:</b>	CM15-0086125		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 52 year old male, who sustained an industrial injury on 10/10/2012. He reported injuring his back and right foot after a fall from a ladder. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having status post lumbar spine surgery, status post compression fracture of the lumbar spine, severe depression and anxiety, gastric issues, cervical spine sprain/strain, bilateral feet sprain/strain, and prior calcaneal fracture. Treatment and diagnostics to date has included right ankle MRI, lumbar spine MRI, lumbar spine surgery, cognitive behavioral therapy, and medications. In a progress note dated 02/27/2015, the injured worker presented with complaints of neck, lower back, bilateral shoulder, bilateral hips, and bilateral ankle and foot pain. Objective findings included tenderness over the paraspinal and trapezius muscles, decreased lumbar spine and left hip range of motion, and tenderness over the iliac crest. The treating physician reported requesting authorization for Buspar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 10mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, problems sleeping, decreased appetite, and weight loss. These records concluded the worker was suffering from generalized anxiety disorder and major depressive disorder, among other conditions. In light of this supportive evidence, the current request for sixty tablets of Buspar (buspirone) 10mg is medically necessary.