

Case Number:	CM14-0148399		
Date Assigned:	11/13/2014	Date of Injury:	09/30/2002
Decision Date:	12/19/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant sustained a work injury on 09/30/02 when, after lifting a bag of cement, he had right shoulder pain. He underwent an arthroscopic subacromial decompression on 06/06/03. He continues to be treated for chronic right shoulder, neck, and back pain and is also being treated for anxiety and depression. He was seen on 12/11/12. He was having right sided neck, back, and shoulder pain. He was taking fluoxetine. Physical examination findings included appearing in distress secondary to pain and appearing agitated and anxious. There was decreased and painful right shoulder range of motion and right cervical and lumbar spine tenderness. Oxycodone-acetaminophen 10/325 mg #200 was prescribed. A Toradol injection was administered. On 05/21/14 he was also being treated for depression and anxiety. Zoloft was being prescribed for depression and BuSpar for anxiety. On 09/12/14 BuSpar 5 mg was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupirone HCL 5mg: 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) 12th edition (web), Pain chapter, anxiety medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Anxiety medications in chronic pain, (2) Buspirone prescribing information

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic right shoulder, neck, and back pain and is also being treated for anxiety and depression. Diagnosing and controlling anxiety is recommended as an important part of chronic pain treatment, including treatment with anxiety medications. Buspirone (BuSpar) is indicated for the management of anxiety disorders. Dosing is 5-15 mg three times daily. When a physician elects to use buspirone for extended periods, there should be a period reassessment of the usefulness of the drug for the individual patient. In this case, the dosing being requested is not specified and it cannot be determined whether it is within recommended guidelines, and there is no evidence of a reassessment of this medication's efficacy. Therefore, this request was not medically necessary.