

<b>Case Number:</b>	CM14-0213479		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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 & Rehabn

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old male with a 6/10/13 date of injury. At the time (11/26/14) of the Decision for Buspar 10mg/tab; 1 tab b.i.d #60, Refill: 2, Fioricet tab; 1 tab b.i.d #60, Refill: 2, and Prosom 2mg/tab; 1 tab q.h.s #30, Refill: 2, there is documentation of subjective (depression, anxiety, and stress) and objective (none specified) findings, current diagnoses (depressive disorder, not elsewhere classified), and treatment to date (medications including Ibuprofen and Glucosamine). Regarding Buspar 10mg/tab; 1 tab b.i.d #60, Refill: 2, there is no documentation of generalized anxiety disorder. Regarding Prosom 2mg/tab; 1 tab q.h.s #30, Refill: 2, there is no documentation of insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 10mg/tab; 1 tab b.i.d #60, Refill: 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/buspar.html>

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guidelines identify documentation of generalized anxiety disorder, as criteria necessary to support the medical necessity of Buspirone. Within the medical information available for review, there is documentation of diagnoses of depressive disorder, not elsewhere classified. However, there is no documentation of generalized anxiety disorder. Therefore, based on guidelines and a review of the evidence, the request for Buspar 10mg/tab; 1 tab b.i.d #60, Refill: 2 is not medically necessary.

**Floriset tab; 1 tab b.i.d #60, Refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** MTUS does not address the issue. ODG identifies barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Therefore, based on guidelines and a review of the evidence, the request for Fioricet tabs; 1 tab b.i.d #60, Refill: 2 is not medically necessary.

**Prosom 2mg/tab; 1 tab q.h.s #30, Refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** MTUS does not address the issue. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. Within the medical information available for review, there is documentation of diagnoses of depressive disorder, not elsewhere classified. However, there is no documentation of insomnia. Therefore, based on guidelines and a review of the evidence, the request for Prosom 2mg/tab; 1 tab q.h.s #30, Refill: 2 is not medically necessary.