MAXIMUS Federal Services

Case Number:	CM14-0218594		
Date Assigned:	01/08/2015	Date of Injury:	10/29/2007
Decision Date:	03/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/30/2014

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 & Rehabilitation

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 64 year old female who sustained an industrial injury on September 29, 2007. She reportedly fell off a step stool causing multiple injuries including a right wrist fracture. The injured worker presented on April 24, 2014, with complaints of neck pain, low back pain, right wrist pain, headaches and dizziness, shoulder pain, loss of balance and vertigo. She was diagnoses with cervical spine strain, lumbosacral spine strain, healed right wrist fracture, left shoulder strain, right wrist strain and posttraumatic head syndrome. She was prescribed anti-inflammatory medication and a proton pump inhibitor (PPI). In addition an electromyogram was performed. On October 30, 2014, the injured worker presented with complaints of depression, sleep disturbance, lack of motivation, decreased energy, agitation, panic attacks, tension, excessive worry, disturbed memories and flashbacks. She also noted altered perception in the form of suspicion and seeing things that are not there. Diagnoses included major depressive disorder, cognitive disorder with post concussive reaction-headache, tinnitus, blurred vision and psychological factors affecting medical condition. Treatments included Voltaren gel and ProSom, Buspirone and sertraline. The evidence-based guidelines note that Buspirone is approved for short term relief of anxiety symptoms. The records reflect that the injured worker had used this medication at least since July 2014.Therefore, on November 25, 2014, according to Utilization review the request for Buspirone HC 10 mg tablets was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone HC TAB 10MG: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Pain Chronic chapter, Anxiety medications in chronic pain discusses Buspirone

Decision rationale: The patient presents for medication management for persistent symptoms of depression, anxiety and stress related medical complaints. The current request is for BUSPIRONE HC TAB 10MG. ODG Guidelines, Pain Chronic chapter, Anxiety medications in chronic pain discusses Buspirone and states, 5-HT1A Agonist: Buspirone, Buspar, generic available: also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Chessick, 2006 Dosing information: 5-15 mg three times daily.? Buspirone is an anti-anxiety medication. The Utilization review dated 11/25/14 states that this patient has been utilizing Buspirone since at least July of 2014. Review of progress reports from 4/24/14 through 10/30/14 provides no discussion regarding this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, given the lack of discussion regarding efficacy, the requested Buspirone IS NOT medically necessary.