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| Case Number: | CM15-0117592 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 02/04/2014 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 year old male, who sustained an industrial injury on February 4, 2014, incurring right hand laceration injuries. He was diagnosed with right carpal tunnel syndrome, trauma arthropathy of the hand and major depression and anxiety. Electromyography studies verified right carpal tunnel syndrome. Treatment included anti-inflammatory drugs, physical therapy, steroid injection, and modified work duty. He underwent a right carpal tunnel release. Currently, the injured worker complained of persistent right hand, thumb, index finger and middle finger pain and numbness. He rated his pain a 4 out of 10 on a pain scale from 1 to 10. He noted decreased sensitivity in the hand. He complained of anxiety secondary to the ongoing pain and numbness of the right hand. The treatment plan that was requested for authorization included a prescription for Buspar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar tab 5mg take 1 3x/day as needed: Overturned

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 (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Buspar.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated as a primary treatment option for anxiety. The patient has the diagnosis of anxiety. Therefore the request is medically necessary.