

Case Number:	CM15-0124055		
Date Assigned:	07/08/2015	Date of Injury:	11/20/2011
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, California
 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 46 year old female who sustained an industrial /work injury on 11/20/11. She reported an initial complaint of pain in the shoulder and hip. The injured worker was diagnosed as having pain in shoulder and disorder of sacrum. Treatment to date includes medication and diagnostics. MRI results was reported to demonstrate multilevel spondylosis. X-ray results reported on 12/12/12 of the left and right hip were unremarkable. Currently, the injured worker complained of pain in the sacroiliac joint and hip as well as anterior chest and shoulder. There was also anxiety and depression. Per the primary physician's report (PR-2) on 5/26/15, examination revealed tenderness to palpation in the posterior and anterior aspect of the right shoulder and sciatic notch. There was negative drop sign and empty can test bilaterally. The requested treatments include Buspar 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 5mg quantity 30 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental guidelines and pg 20.

Decision rationale: According to the guidelines, atypical antipsychotics are not recommended . In this case, Buspar is an atypical antipsychotic used for anxiety. In this case, the claimant was on Buspar for over a year. The claimant was on anti-depressants as well. Details on anxiety response was not noted. Behavioral interventions are not noted. The Buspar is not justified and not medically necessary.