

<b>Case Number:</b>	CM15-0165175		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	07/14/1999
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 58 year old male, who sustained an industrial injury on 7-14-1999. Diagnoses include depression, anxiety, and stress-related medical complaints arising from an industrial stress injury to the psyche. Treatments to date include medication management and psychotherapy. On 5-14-15, he complained of depression, lack of motivation, difficulty getting to sleep, decreased energy, difficulty thinking and difficulty staying asleep, excessive worry, panic attack and jumpiness. There were disturbing memories and reliving of the trauma documented. In addition he reported tension headaches, peptic acid reaction, and constipation or diarrhea. It was noted he could comprehend TV, was less nervous, and experienced less headaches. The physical examination documented observation of visible anxiety and depressed facial expressions. The plan of care included ongoing medication management. The appeal requested authorization for Bupirone 10mg, one twice daily #60 and Prozac 20mg, one twice daily #60. The Utilization Review dated 8-12-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupirone 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

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

**Decision rationale:** Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The request for Buspirone 10mg #60 is not medically necessary as it is approved only for short-term relief of anxiety symptoms.