MAXIMUS Federal Services

Case Number:	CM15-0170412		
Date Assigned:	09/10/2015	Date of Injury:	07/08/2003
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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 53 year old female, who sustained an industrial injury on 7-8-03. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical and lumbar contusion sprain-strain- myofascial pain; intervertebral disc disease with radiculitis; bilateral shoulder impingement; bilateral knee pain; left shoulder internal derangement; right knee internal derangement; plantar fasciitis; dysthymia; anxiety with passive dependent suspicious traits. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 7-14-15 indicated the injured worker is in the office as a follow- up and medications refill. She reports she feels better after taking Lyrica and is also helps her sleep better. Her discomfort is described as sharp, pain, aching, numbness, tightness, throbbing, discomfort and severe. On a pain scale her intensity of pain is 10 without medications and 4 out of 10 with medications and noticeable 50% of the time. Her symptoms are aggravated by most activities and movement. They are reduced by lying down, resting, and medications. Objective findings describe spinal restrictions-subluxations: C4, C7, C5, C3, C2, C1, C6, T3, T4, T6, T8, T10, T11, T12, T9, T7, T2, T1, T5, L5, L4, L3, L2, and L1. Extra spinal restrictions- subluxations: left shoulder and right knee. Pain and tenderness: cervicothoracic, upper lumbar and lower lumbar. There are moderate muscle spasms in the following areas: left lumbar, lumbar; right lumbar; left trapezius; upper thoracic; right posterior trapezius and right anterior knee. Medical documentation notes she is a status post right shoulder SAD debridement, excision of distal clavicle (4-6-10); status post right knee arthroscopic medial menisectomy - synovectomy (5-5-09); status post left knee arthroscopic

partial medial menisectomy with patellofemoral chondroplasty (4-2-04.) She is retired and notes document she has been treated with physical therapy and medications. Urine Drug screening since December 2014 indicate medication discrepancies, but this is not documented in the providers PR-2 notes. A Request for Authorization is dated 8-28-15. A Utilization Review letter is dated 7-29-15 and non- certification was for Buspirone 10 mg #60 and these were authorized: Trazodone 50 mg #60; Meloxicam 7.5 mg #60 and Venlafaxine 150 mg #30. Utilization Review documents Buspirone non-certified November 2013 as injured worker was prescribed medications as ongoing and is only indicated for short-term relief. Utilization Review notes July 14, 2015 report did not support significant change in anxiety and therefore was non-certified siting Official Disability Guidelines pain chapter: Anxiety medications in chronic pain, Buspirone is for short-term relief. The provider is requesting authorization of Buspirone 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 10 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The physician desk reference states the requested medication is indicated in the treatment of anxiety. The patient does have a diagnosis of anxiety documented in the clinical records. Therefore the request is medically necessary.