

Case Number:	CM15-0038335		
Date Assigned:	03/09/2015	Date of Injury:	05/11/2011
Decision Date:	05/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 52-year-old male, who sustained an industrial injury on May 11, 2011. He has reported neck pain, back pain, depression and anxiety. Diagnoses have included lumbar spine spondylosis with disc bulge, neck sprain/strain, lumbar spine sprain/strain, depression and anxiety. Treatment to date has included medications and psychotherapy. A Qualified Medical Evaluation dated February 4, 2015 indicates a chief complaint of continued depression and anxiety. The evaluating physician recommended a plan of care that included continued psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Anti-anxiety medications.

Decision rationale: The patient was injured on 05/11/11, and presents with lumbar spine pain and bilateral knee pain. The request is for Buspar 10mg #60 with 2 refills. There is no RFA provided and the patient is permanent and stationary. The report with the request is not provided nor do any of the reports provided mention Buspar. Regarding Buspar, MTUS Guidelines are silent. MTUS Guidelines do not discuss anti-anxiety medications. Regarding anti-anxiety medications ODG Guidelines state, "recommend diagnosing and controlling anxiety as an important part of the chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." ODG Guidelines state that Buspar is "also approved for short-term relief of anxiety symptoms." In this case, there is no discussion provided regarding Buspar. The patient presents with depression and anxiety. ODG Guidelines indicate Buspar for anxiety, which this patient presents with. However, review of the reports provided does not indicate when the patient began taking this medication or if this medication provides any benefit to the patient's symptoms. Therefore, the requested Buspar is not medically necessary.

Bupropion 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant medications, Bupropion Page(s): 13-16.

Decision rationale: The patient was injured on 05/11/11, and presents with lumbar spine pain and bilateral knee pain. The request is for Bupropion 100mg #60 with 2 refills. There is no RFA provided and the patient is permanent and stationary. The report with the request is not provided nor do any of the reports provided mention Bupropion. MTUS Guidelines under specific antidepressants page 16 for Bupropion states that this is a second generation non-tricyclic antidepressant (a noradrenaline-dopamine reuptake inhibitor), which has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants pages 13 to 15 state, "while Bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." The 11/25/14 report states that the patient's bilateral knees have a decreased range of motion. No further positive exam findings are provided. The use of this antidepressant would be reasonable given the patient's chronic pain along with anxiety and depression. However, none of the reports indicate its efficacy. There is no discussion regarding pain and functional benefits from the use of this medication. MTUS Guidelines page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the requested Bupropion is not medically necessary.