

Case Number:	CM15-0065337		
Date Assigned:	04/13/2015	Date of Injury:	05/15/2013
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 05/15/2013. He reported neck pain and pain in the head, shoulders and hands and numbness of his hands. The injured worker was diagnosed as having a head injury and spinal cord contusion. Treatment to date has included medications, MRI, neck surgery and physical therapy. According to a progress report dated 02/17/2015, the injured worker complained of constant diffuse pain throughout his entire spine, reoccurring headaches, dysuria, paresthesias and weakness in the upper extremities. Medication regimen included Duloxetine, Gabapentin, Lorazepam, Omeprazole, Percocet and Senokot. Diagnoses included cervical post-laminectomy syndrome, degeneration of thoracic intervertebral disc, lumbosacral radiculitis, late effect of traumatic injury to brain and chronic pain syndrome. Currently under review is the request for Buspirone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 15mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mazhar, M., T. Hassan and T. Munshi (2013). "Treatment of anxiety disorders and comorbid alcohol abuse with buspirone in a patient with antidepressant-induced platelet dysfunction: a case report." *Case Rep Psychiatry* 2013: 572630.

Decision rationale: According to Mazhar paper, Buspirone is recommended in case of anxiety. According to emedicinehealth, Buspirone is an anti-anxiety medicine that affects chemicals in your brain that may become unbalanced and cause anxiety. Buspirone is used to treat symptoms of anxiety, such as fear, tension, irritability, dizziness, pounding heartbeat, and other physical symptoms. In this case, the patient's complaints of anxiety, hostility, and depression are all significantly elevated despite the fact that he has been using Buspirone for at least 9 months. Therefore, the request for Buspirone 15mg #60 with 3 refills is not medically necessary.