

Case Number:	CM15-0070302		
Date Assigned:	04/20/2015	Date of Injury:	05/04/2000
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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: Internal 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 58 year old female, who sustained an industrial injury on 5/4/2000. Diagnoses have included depressive disorder not otherwise specified with psychological factors affecting medical condition. Treatment to date has included medication. According to the progress report dated 2/9/2015, the injured worker had complaints of depression, anxiety, altered perception and stress. Objective findings revealed a depressed facial expression and visible anxiety. The treatment plan was for medications. Authorization was requested for Buspar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Benzodiazepines Page(s): 15, 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Anxiety medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information BuSpar, <http://www.drugs.com/pro/buspar.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Buspar (Buspirone). The FDA Prescribing Information documents that Buspar is indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. The psychiatrist's narrative report on medication management dated 2/9/15 documented that the patient reported symptoms of depression and anxiety. The request for authorization dated 2/9/15 documented a request for Buspar 10 mg, without specifying the quantity of Buspar tablets. No quantity of Buspar was specified in the request for authorization or the narrative report. An undefined quantity of Buspar cannot be endorsed. Therefore, the request for BuSpar is not medically necessary.