

Case Number:	CM14-0187775		
Date Assigned:	11/18/2014	Date of Injury:	09/25/2010
Decision Date:	10/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/11/2014

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial-work injury on 9-25-10. A review of the medical records indicates that the injured worker is undergoing treatment for post-traumatic stress disorder, major depressive disorder, and psychological factors affecting a medical condition. She has a history of chronic anxiety and panic disorder. Medical record dated 9-29-14 indicates that the injured worker complains of persistent symptoms of depression, anxiety and stress related medical complaints. She complains of depression, sleep disturbance, difficulty thinking, excessive worry, tension, panic attacks, palpitations, disturbing memories, and inability to relax. The medical record also indicates improvement of the activities of daily living such as ability to read better, and she feels less isolated. Per the treating physician report dated 9-29-14, the treating physician does not indicate if the injured worker is working or not. The physical exam dated 9-29-14 reveals that she is tearful. Treatment to date has included pain medications, Buspar for unknown amount of time, psyche care, and group therapy. The original Utilization review dated 10-23-14 denied a request for Buspar 10mg 1 tab BID #60 as the clinical benefit of Buspirone for post-traumatic stress disorder treatment is unknown based on the evidenced based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg 1 tab BID #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anxiety medications in chronic pain; Mental Illness & Stress, PTSD Pharmacotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Buspirone.

Decision rationale: According to the Physician Desk Reference, Buspirone is a non-benzodiazepine anxiolytic. It is noted however that this claimant has a history of chronic anxiety and panic disorder as early as 1999 per the actual records that were provided. Although the condition predates the injury, in my clinical view, the pre-existing anxiety condition needs treatment. Therefore, this claimant clearly has a pre-existing anxiety disorder, and so Buspirone would not be an unreasonable choice to address that. I concur with the previous reviewer that ODG does not support it for post-traumatic stress disorder, but the provider appears to be dispensing it for the anxiety condition, which was pre-existing. From a purely clinical perspective, the BuSpar is medically necessary.