

Case Number:	CM13-0014612		
Date Assigned:	10/04/2013	Date of Injury:	10/16/2003
Decision Date:	02/14/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male auto detailer/painter patient with dates of injury: 10-16-03; CT 3-2-2001 to 3/26/2004. The patient has been treated with buspar, wellbutrin and restoril. The patient is having difficulty controlling his emotions. He has depressive, anxiety and insomnia symptoms. The patient described his stress as follows: "I am unable to work, concentrate or have a normal life." The issues at hand for this review are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Buspar 10mg #60 between 7/10/2013 and 9/17/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4, 6, 14, 16.

Decision rationale: As the guidelines show, buspar is safe and effective. It has very low potential for abuse. The patient has been doing well on it. The guidelines support it. The Decision for Prospective Request for 1 Prescription of Buspar 10mg #60 between 7/10/2013 and 9/17/2013 is that it is medically necessary.

Prospective Request for 1 Prescription of Temazepam 30mg #30 between 7/10/2013 and 9/17/2013: 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 Official Disability Guidelines (ODG) Chapter on Pain (chronic), section on insomnia treatment

Decision rationale: The guidelines state that the patient would most likely be best served with weaning off restoril. The request for restoril is for thirty tablets only, which would fit into guidelines if the patient had never been on restoril before. In the interest of providing the patient and clinician medication for weaning, 30 restoril are medically necessary.

1 Prescription of Wellbutrin 100mg #60 with 2 refills between 7/10/2013 and 9/17/2013: Overturned

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

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

Decision rationale: The records indicate the patient is doing well with wellbutrin. No adverse affects were noted. The guidelines support wellbutrin. A Prospective Request for 1 Prescription of Wellbutrin 100mg #60 with 2 refills between 7/10/2013 and 9/17/2013 is medically necessary.

Prospective Request for Unknown sessions of medication management (1 every 3 months for the next year or more on an as-needed basis) between 7/10/2013 and 9/17/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits. Additionally, Other Medical Treatment Guideline or Medical Evidence: American Psychiatric Association Practice Guidelines, Practice Guideline for the Treatment of Patients with Major De

Decision rationale: This reviewer notes that National standards of care require that the patient receives a minimum number of medication management sessions over a twelve month period in order to assess the efficacy of the medications such as wellbutrin, restoril, and buspar. Not only does this patient need some medication management visits with a psychiatrist in the short term

but will need ongoing psychiatric medication management visits with a psychiatrist over the medium and long term for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team.