

Case Number:	CM14-0208206		
Date Assigned:	12/19/2014	Date of Injury:	06/22/2006
Decision Date:	02/25/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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: 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:

This is a 60-year-old female with a 6/22/06 date of injury. She was seen on 02/22/12 with complaints of anxiety. Post traumatic stress disorder, nightmares, and poor concentration. She was again seen on 08/7/14 where she had complained her symptoms had not resolved despite taking Wellbutrin, Buspar, and Klonopin. Her diagnosis was Dysuria, pelvic pain, and cholethiasis. She was again seen on 12/11/14 where she was authorized for 2 psychiatric sessions. Her diagnosis at that time was major depressive disorder. Her Treatment has included Wellbutrin, Buspar, and Klonopin, over the last 2 years. The UR decision dated 11/17/14 denied the request as the patient was on these medications for several years and her symptoms have not changed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin X 300mg #30: 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) Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. This patient suffers from Major depressive disorder and discontinuing her psychotropic medication could lead to a major depressive episode. This medication is reasonable, however, further documentation must be provided to demonstrate this medication is effective. There is a lack of documentation regarding the patient's mental status exam and objective findings. Therefore, while Wellbutrin may be medically necessary, the request for Wellbutrin is not considered medically necessary due to lack of adequate supporting documentation.

Buspar 10mg #60: 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)-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Buspar.

Decision rationale: CA MTUS and ODG - BuSpar (buspirone) is an anti-anxiety medicine that affects chemicals in your brain that may become unbalanced and cause anxiety. BuSpar is used to treat symptoms of anxiety, such as fear, tension, irritability, dizziness, pounding heartbeat, and other physical symptoms. This patient has anxiety and this medication is reasonable, however, further documentation must be provided to demonstrate this medication is effective. There is a lack of documentation regarding the patient's mental status exam and objective findings. Therefore, while Buspar may be medically necessary, the request for Buspar is not considered medically necessary due to lack of adequate supporting documentation.

Klonopin 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This patient

has been on this medication for at least 2 years, which exceeds the treatment guidelines. There is a lack of documentation regarding why she currently needs it if she is not improving. Therefore, the request for Klonopin was not considered medically necessary.