

<b>Case Number:</b>	CM15-0107277		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 33 year old male, who sustained an industrial injury on 05/09/2012. He was diagnosed with adjustment disorder with mixed anxiety and depression mood, sciatica, and lumbar/lumbosacral degenerative disc disease. He has received medication management and psychotherapy with an unknown quantity. He showed a fairly stable pattern of symptoms reported as described in the last PR2 of 01/29/2015, those of reduction in anxiety, tension, irritability, quick temper, depression, and insomnia. He complained impaired memory and concentration, low appetite/weight, and low energy and sociability. Current medications included Ambien, Wellbutrin 150mg QD, and BuSpar BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Stress related conditions page 79.

**Decision rationale:** As the patient is on Wellbutrin for depression and Buspar for anxiety, it is medically necessary for him to receive follow up care to monitor his progress and the need for any changes in his regimen. There were no current PR2's or other records provided however and as such it is not known if the patient remains on any medications at this time. This request is therefore not medically necessary.

**Wellbutrin #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Anti-depressants.

**Decision rationale:** The patient has shown stability in his symptoms as evidenced in PR2's, and it would be considered medically necessary to have the patient remain on an antidepressant to avoid risk of relapse. However, since the UR of 05/05/15 which modified this request, no further records were provided for review and it is unknown if the patient in fact is still on this agent. This request is therefore not medically necessary.

**Buspar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med, anxiety disorder and short-term anxiety.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Buspar. Official Disability Guidelines, Pain Anti-anxiety medications in chronic pain.

**Decision rationale:** The patient suffers from anxiety and has shown stability in his symptoms as evidenced in PR2's, and it would be considered medically necessary to avoid risk of relapse. However, since the UR of 05/05/15 which modified this request, no further records were provided for review and it is unknown if the patient in fact is still on this agent. This request is therefore not medically necessary.