

Case Number:	CM15-0193791		
Date Assigned:	10/07/2015	Date of Injury:	06/30/2014
Decision Date:	11/24/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: Texas, New York, 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 applicant is a represented 52-year-old who has filed a claim for chronic neck, shoulder, elbow, hand, and wrist pain reportedly associated with an industrial injury of June 30, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for Wellbutrin, BuSpar, and Lunesta. The claims administrator referenced a progress note and an associated RFA form of August 4, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated August 4, 2015, the treating provider stated that the applicant had residual issues with depression, decreased energy, pessimism, poor self-esteem, weight changes, palpitations, inability to relax, and tension. The note comprised, in large part, of preprinted checkboxes, with little in the way of supporting rationale or supporting commentary. Medications were renewed via an RFA form, seemingly without any discussion of medication efficacy. The applicant's work status was not clearly outlined. In an appeal letter dated September 28, 2015, the attending provider appealed the denial of Wellbutrin, BuSpar, and Lunesta. The attending provider did not clearly state the applicant's work status or response to medications in question. On July 30, 2015 the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopicolone topic notes that Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the 30-tablet, 2-refill renewal request for Lunesta was at odds with the ODG position against long-term usage of the same. Therefore, the request is not medically necessary.

Buspar 10 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for BuSpar, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as BuSpar may be appropriate for "brief periods", in cases of overwhelming symptoms, here, however, the attending provider's August 4, 2015 office visit made no mention of the applicant's having any acute decompensation of mental health complaints on that date. Said August 4, 2015 office visit comprised, in large part, of preprinted checkboxes, without much in the way of supporting rationale or supporting commentary. It appears that the applicant was intent on using BuSpar for chronic or long-term use purposes. Such usage, however, ran counter to the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.

Wellbutrin 100 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Finally, the request for Wellbutrin, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in

ACOEM Chapter 15, page 402 acknowledges that it often takes "weeks" for antidepressants such as Wellbutrin to exert their maximal effect, here, however, the applicant had been using Wellbutrin for a minimum of several months, it was reported on August 4, 2015. The applicant remained off of work, on total temporary disability, it was reported on July 30, 2015. The attending provider stated on August 4, 2015 that the applicant had ongoing issues with depression, headaches, tension, anxiety, and inability to relax, palpitations, diminished self-esteem, difficulty concentrating, etc. It did not appear, in short, that ongoing usage of Wellbutrin was generating improvements in mood and/or function in terms of the parameters established in MTUS 9792.20e needed to justify the continuation of the same. Therefore, the request is not medically necessary.