

<b>Case Number:</b>	CM15-0171192		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	01/05/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 54-year-old who has filed a claim for chronic low back, knee, wrist, and foot pain reportedly associated with an industrial injury of January 5, 2009. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for BuSpar and Wellbutrin. The claims administrator referenced an RFA form received on July 23, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten RFA form dated July 15, 2015, Xanax, BuSpar, Wellbutrin, and Prozac were endorsed. It was stated that both BuSpar and Xanax will be employed for anxiolytic effect. No seeming discussion of medication efficacy transpired. In an associated handwritten progress note of July 15, 2015, it was stated that the applicant had ongoing issues with weight loss, depression, anxiety, pessimism, difficulty thinking, poor motivation, and the like. No seeming discussion of medication efficacy transpired. The entire note comprised of preprinted checkbox, with little in the way of supporting rationale or narrative commentary. In an earlier note dated June 18, 2015, it was acknowledged that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 10 mg Qty 60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - Buspirone.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** No, the request for BuSpar (buspirone), an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as BuSpar may be appropriate "brief periods" in cases of overwhelming symptoms, here, however, the 60-tablet, 2-refill supply of BuSpar at issue represents chronic, long-term, and/or twice daily usage, i.e., usage at odds with the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Treatment Guideline further stipulate that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the attending provider's handwritten July 15, 2015 progress note failed to outline a clear or compelling rationale for concomitant usage of multiple anxiolytic medications to include BuSpar and Xanax. Therefore, the request was not medically necessary.

**Wellbutrin 100 mg Qty 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Similarly, 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 does acknowledge that it often takes "weeks" for an antidepressant such as Wellbutrin to exert the maximal effect, here, however, the applicant had seemingly been on Wellbutrin for a minimum of several months, it was suggested on July 15, 2015. It did not appear that ongoing usage of Wellbutrin had generated marked improvement in mood and/or function. The applicant's work status was not reported on July 15, 2015, suggesting that the applicant was not, in fact, working. The applicant was not working as of an earlier note dated June 18, 2015. The applicant continued to report issues with depression, pessimism, a low self-esteem, difficulty sleeping, restlessness, excessive worry, it was reported, admittedly through preprinted checkboxes, on July 15, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.