

<b>Case Number:</b>	CM15-0096981		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	12/11/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 56-year-old who has filed a claim for chronic pain syndrome, headaches, depression, anxiety, and panic disorder reportedly associated with an industrial injury of November 11, 2013. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve requests for Valium, Fiorinal, Wellbutrin, and Seroquel. The claims administrator referenced a RFA form received on April 22, 2015 and associated progress notes of April 7, 2015 and March 6, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 21, 2015, Wellbutrin, Valium, Seroquel, and Fiorinal were endorsed. In an associated handwritten progress note of April 7, 2015, difficult to follow, note entirely legible, Wellbutrin, Valium, Seroquel, and Fiorinal were endorsed for diagnoses of depression, anxiety, insomnia, and headaches. The note was very difficult to follow. Little-to-no narrative commentary was attached to this particular handwritten note/order form. The applicant's work status was not detailed. In an separate narrative report dated "April 7, 2015" on page 1 and "March 6, 2015" on pages 2, 3, and 4, the applicant reported issues with anxiety, tension, irritability, depression, low energy levels, etc., to impede the depressive symptoms. The applicant was given refills of Valium, Seroquel, Wellbutrin, and Fiorinal. The applicant's work status was not detailed. Little-to-no discussion of medication efficacy transpired; although the attending provider did state in one section that the applicant's depression was "increased" while another section stated that the applicant's memory and concentration was likewise "increased." The applicant then stated that her desire to socialize

rather was diminished. The applicant's work status was not explicitly stated, although the applicant did not appear to be working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bupropion 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 & Stress Antidepressants (therapy).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for bupropion (Wellbutrin), an atypical antidepressant, was 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 antidepressants such as bupropion (Wellbutrin) to exert their maximal effect, here, however, the applicant was using Wellbutrin (bupropion) for what appeared to have been a minimum of several months as of the date of the request. Progress notes of March 6, 2015/April 7, 2015 failed to outline evidence of significant improvements in mood or function affected as a result of ongoing Wellbutrin usage. The applicant's depression was reportedly increased; it was stated in one section of the note. The applicant's ability to socialize was likewise diminished, the treating provider reported. It did not appear that the applicant had returned to work. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite ongoing usage of Wellbutrin (bupropion), an atypical antidepressant. Therefore, the request was not medically necessary.

#### **Valium 10mg, #120: 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 & Stress, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Similarly, the request for Valium, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Valium may be employed for "brief periods," in cases of overwhelming symptoms, here, however, the request seemingly represented a renewal or extension request for Valium. It appeared that the applicant was using Valium four times daily for anxiolytic effect. This was/is not an ACOEM-endorsed role for the same, however. Therefore, the request was not medically necessary.

**Seroquel 100mg, #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), Mental Illness & Stress, Atypical antipsychotics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

**Decision rationale:** Similarly, the request for Seroquel, an atypical antipsychotic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402, does acknowledge that continuing with an established course of antipsychotics is important, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, however, the applicant's work status was not clearly described, detailed, or characterized on multiple office visits of March 6, 2015 and April 7, 2015. The attending provider seemingly suggested that the applicant was using Seroquel for anxiolytic and/or sedative effect purposes as opposed to for antipsychotic effect purposes. It did not appear, however, that ongoing use of Seroquel had effectively ameliorated the applicant's sleep, attenuated the applicant's anxiety, or ameliorated the applicant's mood. The applicant seemingly remained off work. Ongoing usage of Seroquel failed to curtail the applicant's dependence on anxiolytic medications such as Valium, which the applicant continued to use at a rate of four times daily, it was reported on March 6, 2015. Therefore, the request was not medically necessary.

**Florinal #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** Finally, the request for Fiorinal, a barbiturate containing analgesic, was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic such as Fiorinal are not recommended in the chronic pain context present here, owing to the high potential for drug dependence. Here, the attending provider did not furnish a clear, compelling, or cogent applicant-specific rationale for continued usage of Fiorinal, particularly when employed in conjunction with other habit-forming agent such as Valium. Therefore, the request was not medically necessary.